STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

						REO.	140.			
I. DECEASED NAME FIRST		MIDDLE	L	.AST	201-	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOL	JR
ARLEN	E		ADA	MS		DECEMBE	R 20.	1986		М
1 SEX	4. RACE		5. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR		
Female	378	rck	MONTH	3I	27	5.2	YRS.	MONTHS DAYS	HOURS	MIN.
a. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.			9. BALTIMORE CITY				
COUNTRY).	11.5.	3	WIDOWE	1:	MARRIED	BALTIMOR	F CIT	V.		MD.
10. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C			12a USUAL OCCUP	ATION	12b. KIND		
BALITHURE		HEACILITY, GIVE STREET A				HOUS ON THE		Dome:		
USUAL RESIDENCE (IF NURSING HOME									3010	
13a STATE 13b. CO	UNTY	Baltim		YES XX	NO []	13e STREET ADDRES	s/zipcoi		210	
14. FATHER'S NAME		Darchi	01 6		S MAIDEN NA		n myci	110 41	110	
FIRST	MIDDLE	A: A T A A		1 .5	FIRST	MIDDLE		0.1		
Rev. Stm		Neison		L 1	llian	ADI	DRESS	RU:	ssell	_
	GIVE WAR OR DATES)	16b SOCIAL SECU		17. INFORM						
N.		214-20-	8961	Bever	ly Will	iams 629 (lator :			
I CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one cause per	line for (a), (b), and	d to:					BETWEEN	XIMATE INTEL	RVAL DEATH
	ATE CAUSE (a)	Cardie	opuli	mona	ma.	mest		Se	con	ds
	DUE TO, O	R AS A CONSEQUE	NCE OF		,			11		
Canditions, if any, which	(d)	meta	sha	he	una	cauce	1	4	mo	S
gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF)				
underlying cause last.	(c)						44	4)		
PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEASE OR CO	ONDITION G	GIVEN IN PART 1	la.	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING										
90 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED-	20a AUTOPSY?		ES, WERE FIND		
Ē						YES NO		YES [NO [
210. ACCIDENT WAS UNDERLYING	216. TIME C		VE 4.2	21c. HOW	NJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM TO	8 PART I OR PART 2)		
OD CONTROLLY INC. CALLS OF	BEATH	M. MONTH DA M.	19							
(IF EITHER NOTIFY MEDICAL EXAMI	21e PLACE	OF INJURY		211 LOCAT	ION			COUNTY	- (-)	STATE
WHILE NOT WHILE I	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM ETC)	STRE	ET	CITY O	RIOWN	COUNTY		STATE
22a 1 certify that (I) (this ho	soutal) attended th	e deceased from			19			. 19	that (I) ((we) last
saw the deceased alive above, (I) (we) (did) (did				nd that in (m		death occurred on the				,
above, (1) (we) (did) (did 22b. SIGNATURE	nat) view the bady	after death.		DEGREE				22c DAI	E SIGNED)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	= 1 (Q)	Plr			ATTENDING		TAFF	1 12	/72	184
226 PHYSICIAN'S NAME (TYP	F OR PRINT!	0.		22e. ADDR	PHYSICIAN L	DIRECTOR PHY	SICIAN	1/2	700	/ 0
STYON	1011			100	1111 L	lani,	. 1	ponil	20	
				1 ~	mus!	COVICIO	1 1	Spuc	U_	
230 BURIAL, CREMATION, REMOV					CREMATORY	23d. LOCATION	4	COUNTY		STATE
30K! ht	11/4	6/86 E	d. LV7	ew Men	orial r	ark Baltin	ore.	1	10	

DHMH - 16 60M 7/B4

(VPA 15, 4)

TO PUNERAL DIRECTION OF THE CONTROL OF T

24 FUNERAL DIRECTOR
Manda F. Manda T. Moras 1101 East North Avenue

Eastview Memorial Park Baltimore, COUNTY Md.

250 Date REC D. By REGISTRAR 256. REGISTRAR'S SIGNATURE

DEC 24 1986 Julia Diridum. R. Julia Dividson Rudales 152 4 5 130

requires that the death certificate

ATTENDING PHYSICIAN: The low

etained by the hospital or attending physician.

TO HOSPITAL

BP.

physicio

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3

FOR STATE REGISTRAR	DEPA		ALTH AND MENTAL HYG CATE OF DEATH	REG. N	<u>.</u>	4	7 7
I. DECEASED NAME FIRST	WIDDLE	(A)	51	20 DATE OF DEATH		DAY YEAR	2b HOUR
SAMU	EL A	AD	ENAIKE		12 - 2	11-86	11-76 Pr
3. SEX M	4 RACE BLACK	5. DATE OF	- 17- 53	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
COUNTY GERIA	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY	OF DEATH	MD.
Bo 1 to.	11. NAME OF HOSPITAL, NUF (PROT IN SUCH EACHER) GIVE ST		NOTHER INSTITUTION	TYPE OF WORK FOR MOST OF	F WORKING LIFE	126. KIND O INDUSTRY Thea	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b, COUI		OWN	13d. INSIDE CITY LIMITS? YES NO	139 STREET ADDRESS	ZIP CODE	Au	e. 21212
Gunhanwu,	MIDDLE OLOWO,	10	Patienc	e Middle	ika,	nivol	le
160 WAS DECEASED EVER IN U.S. AR (YES, NO ORUNNOWN) (IF YES, GI	MED FORCES? 16b. SOCIAL S VE WAR OR DATES) 220-7	16-3175	Gloria Ad	enoike 4	or Wi	2/0/4	ave
	nly one couse per line for (o), (b) ED BY: TE C AUSE (o)	, and icui	SPIRATORY	FALURE		BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF	POSSIBLE	PHEUMON ARY FIBR			
	CONDITIONS CONTRIBUTING					EN IN PART 10	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WH	IICH OPERATION	WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
CO COLUMNIC COLUMN	ATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART OR PART 2)	
OR CONTRIBUTING CAUSE OF DE CONTRIBUTING CONTRIBUTION CON	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
sow the deceased plive an above, (1) (we) (did) (did no	ital) attended the deceased from 12-21-11 view the body after death.	- 4	11- 19 86 That in (my) (our) apinion	. 10			that (1) (we) last causes stated
22b. SIGNATURE	- PROD' MD	D	EGREE ATTENDING PHYSICIAN [MEDICAL STA		22¢ DATE	SIGNED
PROMOD 1	ORPRINT) DU 66AL		22e ADDRESS Good	emanten t	lospita Ui mon		Raven Bly
230. BURIAL, CREMATION, REMOVAL (SPECIFY) DUT 1 al 24. FUNERAL DIRECTOR	236. DATE /-3-87	1 Koy	METERY OR CREMATORY	23d LOCATION GITY OR TOWN LAGOS LEC'D, BY REGISTRAR	N. DECIST	19ex	

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by this should be dehoched far use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, are MAPATANT. If Item 21 is marked or Item 18 shows gay injury, or other

March Funeral Lome E. North Avenue 1101

DEC 30 1986 Julia Division Pulses

STATE OF MARYLAND

t n # 17, Fi m G 62, 1/5/7 I.J.

BP.

230. BURIAL, CREMATION, REMOVAL

Buria

(SPECIFY)

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

Marcham Funeral Home West 4300 Wabash Avenue

23b DATE

23c. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

250 DAJE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNATURE
DEC 19 986 Deordern Randall

23d LOCATION

Arbutus

YES F

COUNTY

COUNTY

22c DATE SIGNED

2b. HOUR

126. KIND OF BUSINESS OR

LAST

APPROTIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

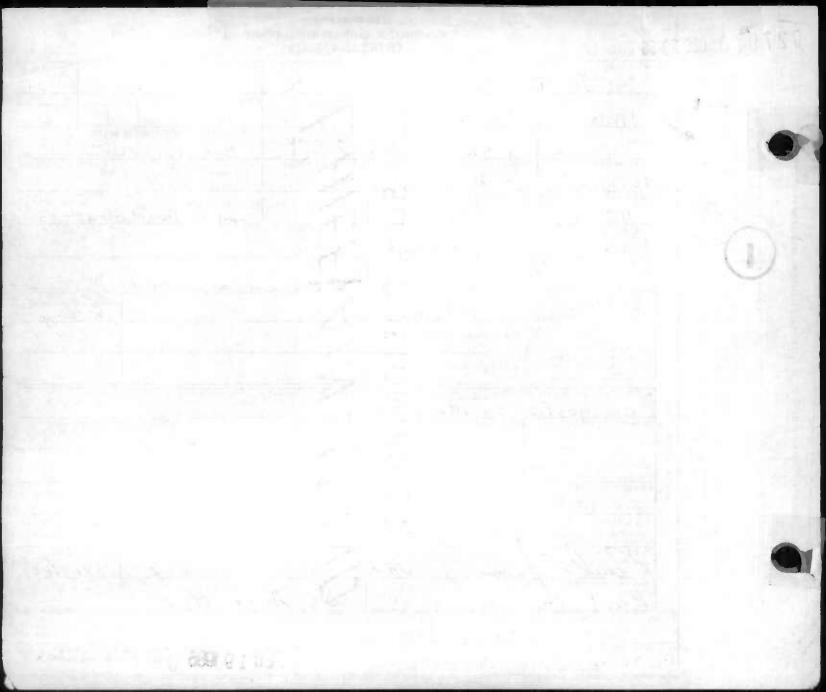
STATE

that (I) (we) lost

IF UNDER 24 HRS

IF UNDER TYEAR

INDUSTRY



Cedar Hill Cem

Md

Anne Arundel County

dia Diodom

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1987

TO MEDICAL EXAMINER. THIS EXECUTE THE CERTIFICATE WRE PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALIFIMORE, MARYLAND, 2120 07/84 25M

DHMH - 17

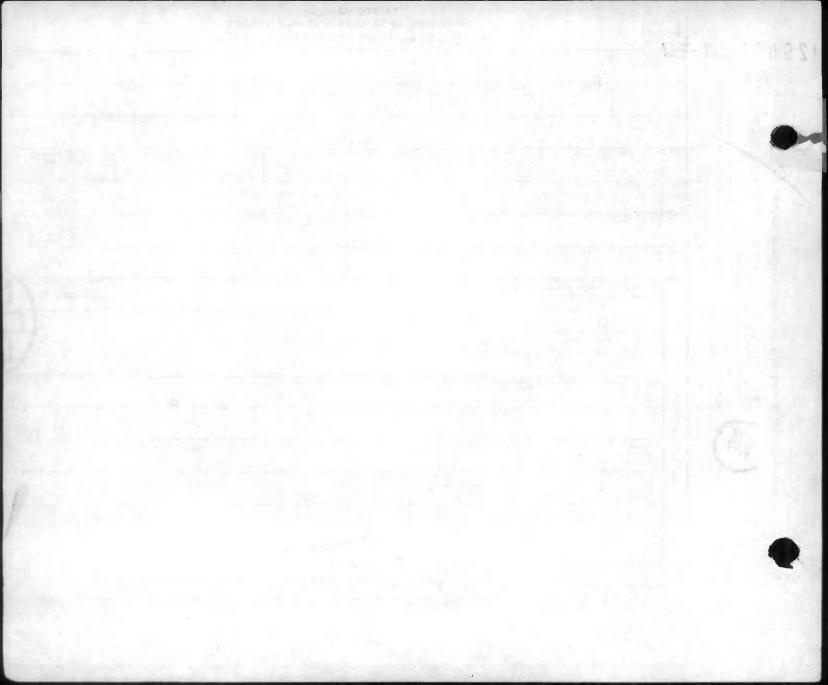
(VR A15 ME (5))

Burial

24. FUNERAL DIRECTOR

12/31/86

Wm. C. March F/H Inc. PTO E. North Ave.



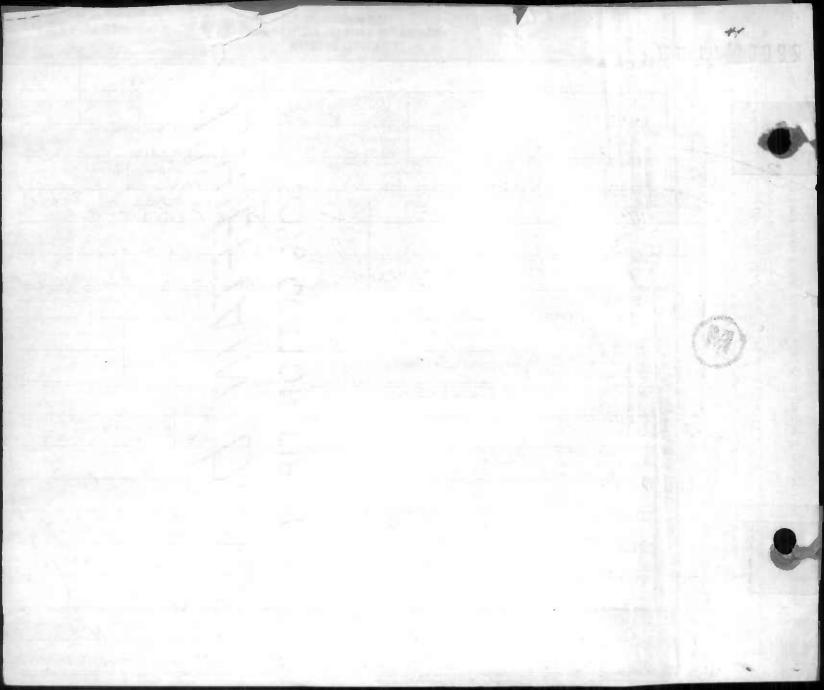
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FOR

STATE OF MARYLAND	-
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGII	ENE	8	0	3	. 4	1	j	7	-
CERTIFICATE OF DEATH			REG. N	10.					
LAST	20 DA	TE OF	DEATH	MONTH	DAY	YE AR	2b	HOUR	Ī

[1]] _5	87	- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG.	NO		
Unit C		CEASED NAME FIRST	WIDDLE	100	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
5	LIAI	E OR PRINT)	9	Ada	ams		12 28	86	1048
5	3.5	Shir	1 RACE		OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HR
di sa		Female	Black	MONT	YEAR 38	48	YRS.	NIHS DAYS	HOURS ME
2 17	TE	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MTRY? 8. MARRII WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY	_	FDEATH	
2/4	10 (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME		12g USUAL OCCUPA (TYPE OF YORK FOR MOS	TION TOF WORKING LIFE)	12b. KIND (INDUSTRY	OF BUSINESS (
2 /4/	AIST	Baltimore	Union Memori			VISGO	eg .		7
1-15		STATE 13b. CC			13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	Mapar	te A	2/2/0
7	14. F.	ATHER'S NAME			15. MOTHER'S MAIDEN NA	AME	0		
512	1	pilbert	MIDDLE Dell	la	Margre	2 +	Barkso	lale	51
Poges		VAS DECEASED EVER IN U.S. YES, NO GRUNKNOWN) (IF YES	GIVE WAR OR DATES!	36-472	17. INFORMANT	Houston	20117	7.1 m	nured
\$ 17 B	-	IS CALISE OF DEATH (Fotor	anly ane cause per line for (a), (V D-0014 11	110001		APPROX	IMATE INTERVAL ONSET AND DEAT
pop ove		PART I. DEATH WAS CAU	SED BY:	siratory	Carlesco			GC) WEEK	CINSET AND DEA
ALCOHOL:		IMMED	IATE CAUSE (a)	7.40-14-9	700000			-	
100			DUE TO, OR AS A CON	CECHENICE OF					
DAME I		water and the	DUE TO, OR AS A COIN	chine	breast cance	. A .			
100	100	Canditians, if any, which	(b) var 2/00	310010	overs. court			-	
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	CEOUENICE OF					
111		underlying cause last.	DUE 10, OR AS A CON	SEQUENCE OF					
0			(c)						
0.5		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	G TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	IN PART 1	a
127	Z								
10 2	18	19a DATE OF OPERATION	196 CONDITION FOR W	VHICH OBERATION	DNI WAS BEDEODATED	20a AUTOPSY?	20b. IF YES, V	WEDE EINIDI	NCS USED
000	0	DATE OF OPERATION	17E CONDITION FOR W	VIICH OPERALIC	DIA MAS PERFORMED	ZUG AUTOPST!			OF DEATH?
17 1	1 =					YES NO	YES		NO 🗍
0.5	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUP				
2 ± 20	110	OR CONTRIBUTING CAUSE OF		H DAY YEAR	The Hotel Hotel	LENIER NATURE OF IT	JURI IN HEM TO PART	ORPARIZ)	
of E	13	(IF EITHER NOTIFY MEDICAL EXAMI	DEATH	19					
3 - /	WEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION				
27 0	Ψ		(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR	TOWN	COUNTY	STATE
0 0	-	AT WORK NOT WHILE AT WORK						3.5	
0 0			with books and also do to the	12	124 10 80	0 12/	28 10	86	4
2 4		ZZO I CETTITY THAT IN COLIS NO	spital) attended the deceased	CA		, 10		,	that (I) (we)
255		saw the deceased plive	P	-19-30,0	ind that in (MY) (aur) opinian	death accurred an the	date and haur a	ind fram the	causes stated
2 t E		774 SIGNATURE	not view the body after death.		DEGREE			Tage DATE	SIGNED /
65.4		The shortest place of	1. 190					ZZC. DATE	128/4
2 2		1 latitud	y. ODanie	d	MO ATTENDING	MEDICAL ST	AFF	/ *	128/80
2 2 2	1	224 BWYCICIANIC NIAAF				_ DIRECTOR _ PHIS	NCIAIN L		
MA SETA		22d. PHYSICIAN'S NAME (TY	E OR PRINT)		22e. ADDRESS				
# 4		Patrick G	O Daurel MD		Union Memo	rial Hospi	tal		
1 2	13a I	URIAL, CREMATION, REMOV		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	1-11-11		,
	1	SPECIFY)	1-2-07	10.	1/ /	PYORTOWN	11:11	COUNTY N	STATE
	L	Durial	1-28/	11 rows	US VILLE (2)	m (row)	1501116	1/1	4
	24 F	JNERAL DIRECTOR	1 /		250 DA	TE REC'D. BY REGISTRA	R 25b. REGISTRA	AR'S SIGNA	TURE
60M 7/B4	1/	/ NAME O WAS	7-/1. 1 ADS	DREAS]	y ave	1 0 4007	1 . ~		
5, 4)	14	M. C. IMAN	20 TIH 1/11	J MAY	IA JA	N 4 198/	Julia Die	ndorn-K	andalds
		11 1 1 100/0	- //////////		10/11		U		



0 0 0		1.	FOR STATE REGISTRAR		DEPART		ATE OF DE	EATH		, NO.		
022	JAN	+ BE	SED NAME FIRST	1	MIDDLE	LAS			20. DATE OF DEATH		DAY YEAR	26 HOU
deo	1		Russell	L.	Al	len				er 29,		
ctar, p		3 SE	Male	4 RACE	Black	5. DATE OF	BIRTH DAY	YEAR 3	AGE (IN YEARS LAS	T BIRTHDAY) YRS.	MONTHS DAYS	HOURS
	3	100	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland		SA	8. MARRIED WIDOWED	NEVER M.	ARRIED S	Baltimore CIT	-		
11 2	0	W	altimore		HOSPITAL, NURSIN HEACHLIN, GWESTREET Stirling			TUTION	120 USUAL OCCUP (TYPE OF WORK FOR MC Social	ST OF WORKING	126 KIND C INDUSTRY	F BUSINE
filled in	and the	130. 9	AL RESIDENCE (IF NURSING HOME O TATE 13b. COU aryland		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Baltimon	/N 1	Id. INSIDE CIT	TY LIMITS?	13e.STREET ADDRE		Street 2	1202
mpletely ond 2 sh	exomine		THER'S NAME FIRST USSELL	MIDDLE	Allen	1	Geral	MAIDEN NAM IRST dine	MIDDL		Frazie	r
	medical			RMED FORCES? VE WAR OR DATES)	214-62-6	1000	rinforman	ne Alle		illard	Street	212
physicia n popers movol.	vent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse per ED BY: TE CAUSE (a)	line for (o), (b), or	ndici					BETWEEN O	MATE INTER
pleose	ury, ar other troun	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OI	Rep	NANN	OT RELATED T	TO THE TERMI	A NAL DISEASE OR C	ONDITION G	IVEN IN PART 110	5
n. nas bee permit.	lui kuo smc Z	CERTIFICATION	190 DATE OF OPERATION	196. CONDI	ITION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN	
physici physici lifticate l-transii ol Hygi	tem 18 sho		?) 0. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	IIc HOW INJI	URY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18	PART OR PART 2)	
nding his cer buria	arkedor	MEDICAL	21d, INJURY OCCURRED WMILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE, I		II. LOCATION	N	CITYO	OR TOWN	COUNTY	5
atten ther the			220.1 certify that (1) (this hosp	2. 2. 2.		8b_, ond	20	19 86	_, to	1	. 19	that (I) (
TOR: After ar use as the	m 21 is m		saw the deceased alive or abave, (I) (we) (did) (did no	siew the bed	over death.			our) opinion d	eath accurred on th	e date and ha		
e hospital ar atti DIRECTOR: After ched far use as th	NT: # fem 21 is a		obove, (1) (we) (did) (did no 22b. SIGNATURE	view the bad	offer death.	No.	GREE AT PH	TENDING HYSICIAN	_	TAFE	22c. DATE	
hospital ar atter RECTOR: After ned far use as the spt. of Health ar			obove, (1) (we) (did) (did no	OR PRINT)	alter death.	No.	AT PHOTOS ADDRESS 600 N.	TENDING HYSICIAN W	MEDICAL S	STAFF YSICIAN [22c. DATE	SIGNED

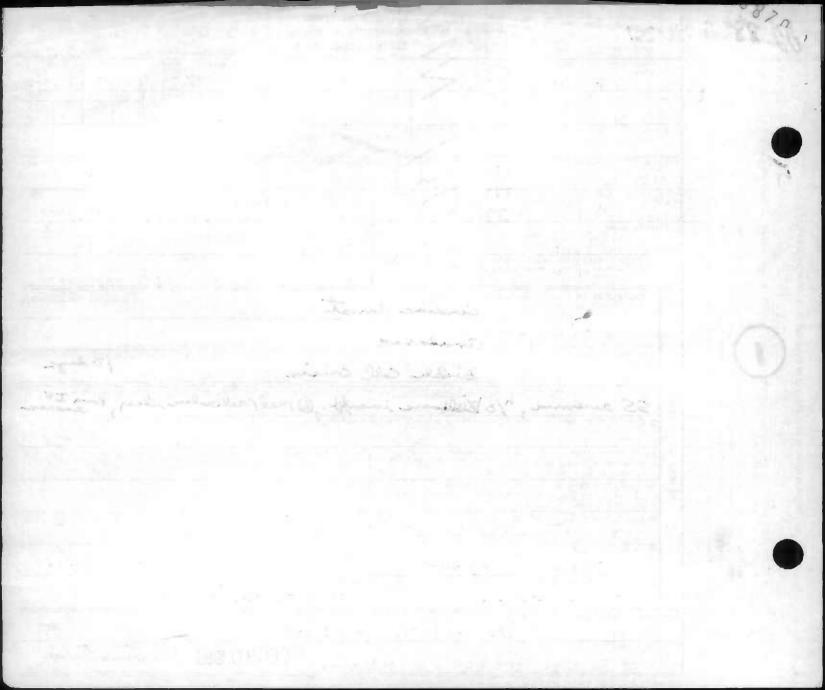
Lapraced d. Lack I .. Inlanded therefore

March Funeral Home

STATE OF MARYLAND

28895	JA	- FOR 7 - STAYE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		4 1 0 5
		ECEASED NAME FIRST PE OR PRINT)	WIODIE	LAST	REG. NO. 20. DATE OF DEATH MONTH	OAY YEAR 2b. HOUR
oy be		Bernice	J.	Anderson	12	26 86 703 am
Ter o	3. 9	EX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rector		Female	Black	5 19 52	3.4 YRS.	MONTHS DATS NOOKS MIN.
heath. Pag ineral dire in 72 haur	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED		Y OF DEATH MD.
ofter of the full led with	CAL	CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST Union Memoria		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b KIND OF BUSINESS OR INDUSTRY
24 haurs	US 130	UAL RESIDENCE (IF NURSING HOME C STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEINTY 13c CITY OR T	FORE ADMISSION)		
pletely f	14.	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME MIDDLE	ter Rd.21215
ges 1 or		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)	Jerry RMED FORCES? 166 SOCIAL S IVE WAR OR QATES!	Cynthia ECURITY NO. 17 INFORMANT	ADDRESS	Samuels
Pog.		NO OR UNKNOWN) (IF 4ES, G	IVE WAR OR GATES)	Percy R	Anderson 4018	Dorchaster 1
n sign Then r to b injury, ar other	NO	underlying cause last. PART 2 OTHER SIGNIFICANT SS and	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDITION G	VEN IN PART I 10. IV
prio prio	CERTIFICATION	190. DATE OF OPERATION		ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
ng physician. certificate has riol-transit pe tental Hygiene tem 18 shaws	26.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
or ottending ph After this certifi e as the buriol-tr oith and Mental marked or Item 1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f LOCATION	CITY OR TOWN	COUNTY STATE
He cs		220.1 certify that (I) (this hosp	n 2 /2 /2 / 1 ot) view the body after death	2/	ian death occurred on the date and ha	, 19 8, , that we) last
y the hospital or ALL DIRECTOR: A detached for use tote Dept. of Heol		abave, (J/we) (did) (did no 22b. SIGNATURE	Me - Rae-	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF	12/26/ G
FUNE suld be the S ORTAL	1	22d. PHYSICIAN'S NAME (TYPE Andrew M. Ba		22e ADDRESS	emorial Hospital	7 / 0
PP	230	BURIAL, CREMATION, REMOVA		Garrison Forest	23d. LOCATION CITY OR TOWN OWENINGS M	ITS Md.
DHMH - 16 60M 7/B	24	FUNERAL DIRECTOR			DATE DECID BY DECICED ADIZE DECIS	
(VRA 15, 4)	`	March Funera	Home 4300	Wabash Ave.	JEC 30 1986 Gulia	Devideon- Randall

4300 Wabash Ave.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC	NO	

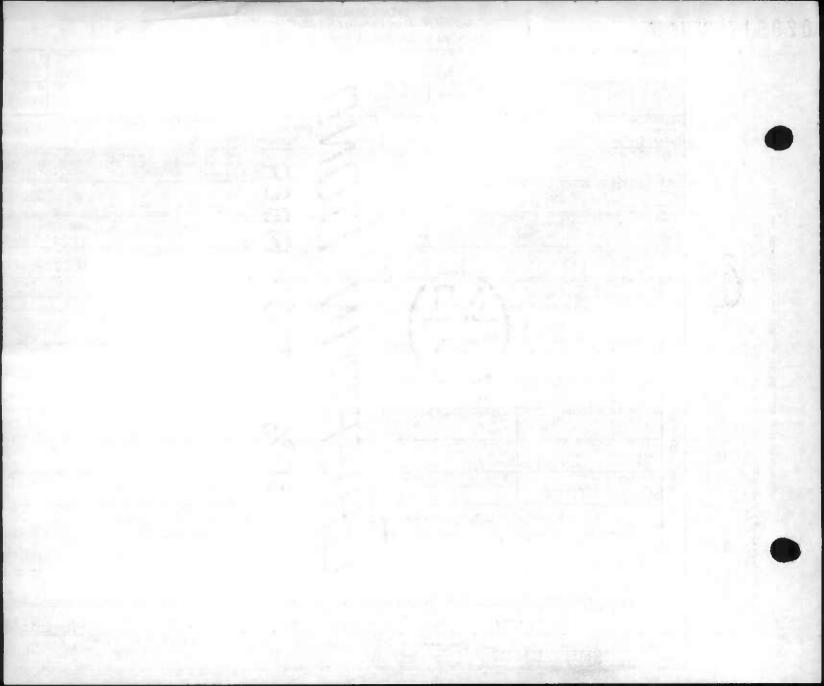
100	REGISTRAR		ME	DICAL EXAMIN	NER'S	CERTIFIC	ATEO	F DEA	TH REG	, NO.			
	ECEASED NA	ME FIRST		MIDDLE		LAST		7	a. DATE KNOWN		NTH DAY	YEAR	26 HOUR
{T	YPE OR PRINT)	Charal		m 1 1	7\	ndorco	2		OF ESTI-		2 22	19 86	
2.55	EV	Charl	Is DATE OF BIRTH	Edward		nderson	IF UNDER	24 HBC 2	C DATE	MON		YEAR	2d. HOUR
1.30	CA.	4. KACE	MONTH DAY	YEAR LAST BIRTHE			HOURS		RONOUNCED			0.0	1:431
	ale	Black	Feb. 9		rRS.				DEAD	1		1986	M
	BIRTHPLACE		76. CITIZEN OF W	HAT COUNTRY?	8. MARI	RIED NEV	ER MARRI	ED X	BALTIMORE CIT	Y OR COL	UNTY OF I	DEATH	
ACA S	irginia		USA		WIDO	WED 🗆	DIVORCE	D D	Baltimon	re Ci	ty		MD.
	CITY OR TOW			SPITAL, NURSING HOM	E, OR OT	HER INSTITUT	ION		AL OCCUPATION	(TYPE OF WO	ORK 12b KI	ND OF BU R INDUSTE	SINESS
	Balti	more	.Tohns	Hopkins Hos	enita	1		Labo	OST OF WORKING LIFE)		L	struc	
WIT.				IVE RESIDENCE BEFORE ADMISS							COLIS) LI UL	CIOII
17.15	STATE	13b. COUN	TY	13c CITY OR TOWN		13d INSIDE CIT			ET ADDRESS	0.		717	05
_	aryland			Baltimore		YESX			Branford	Stre	eet	-16	-00
15	FATHER'S NAM	ME	MIDDLE	ŁAST		15. MOTHER	KS MAIDE	NNAME	MIDDLE			LAST	
	red		NMN	Anders			hrist	ine	NMN			Jones	
		SED EVER IN U.S. AR		166. SOCIAL SECURI	TY NO.	17 INFORM	ANT		ADDI	RESS			
	No			224-54-964	40	Chris	tine	J.Wi	cks	Esm	ont.	/irgi	nia
		OF DEATH (Enter on	ly one cause per line	for (a), (b), and (c).)	7						A A	PPROXIMATE	E INTERVAL T AND DEATH
	PART 1	DEATH WAS CAUSE	D BY:	ypertrophic	car	di omzo	nathy	,			BETT	MEEIA O143E	ANDUCATH
		IMMEDIA		AS A CONSEQUENCE		CL CITTY C	padiy						
	Condit	ions, if ony, which		AS A CONSEGUENCE	01								
	gove	rise to immediate	(b)										
		(a) stating the <u>under</u> - ouse lost.	DUE TO, OR	AS A CONSEQUENCE	OF								
	75		(c)										
	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL OISEA	SE OR CONDITION	GIVEN IN PAG	RTIe					
Z													
CERTIFICATION	19a. DATE	OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION	WAS PERFORM	AED?				20	AUTOPSY?	?
FF			1 - 3 / 3									YES 🔀	NO []
E	21g. EXTERI	NAL CAUSE WAS	216. TIME O	FINJURY	71c F	OW INJURY	OCCURRE	D LENTER N	ATURE OF INJURY IN ITE	M 18 PART 1 C		res gg	110 []
0	UNDERLYI	NG OR		A. MONTH DAY YEA	AR .								
MEDICAL	CONTRIBU	TING CAUSE OF		OF INJURY (AT HOME.	216 17	OCATION							
AED	WHILE	1107 Manua	STREET, FAC	TORY, FARM, ETC.)	211 LC	STREET			CITY OR TOWN		COUNTY		STATE
	AT WORK	AT WORK											
	72n 1 co	estifu that I took chare	of the comments	cribed above, held an	Auto	psy X,	Inspection		Inquiry .	and in m	y opinion		
	100		11/10			7			, r	7	у ориноп		
	deoth resi	ulted from: Natu	militari IA	Accident L., S	uicide	, Hamici		Undete	rmined manner	_}.			
	ACTUAL		XY			TITLE (SP				DA	ATE 1	0/00	106
	SIGNATUR	E	/		/	M.D. ASSI	stant	MEDI	CAL EXAMINER	SK	GNED	L2/23	/ 00
	EXAMINER	'S NAME -					222	-		2.4	1.470		
	TYPE OR P	RINT) Greg	ory R. Ka	uffman, M.I	D.	ADDRESS	111	l Pen	n St. B	alto.	, MD.		
23a.	BURIAL, CREM	AATION, REMOVAL	P3b. DATE	23c. NAME OF CE	METERY	OR CREMATO	RY	23d. LO	CATION		COUNTY	51	ATE
	Burial		12/27/86	Salem Ba	apt.	Thurch	Cem.		ardsvill				inia
	FUNERAL DIR	ECTOR				To.	Sp. DATE	EC'D. BY	REGISTRAR 256	REGISTRAF	SSIGNAT	URE	
C	UNNTNC	HAM FUNERA	J. HOME	Cameron & Alexandria	ATTLE	eu. DLS	JAN	I I I	JO! gilie	, Dend	Reality Con	To be desired	
1 0	O- 111-101	A shade at the same of	~~~~	TITCUMENT TO	9 4 000								

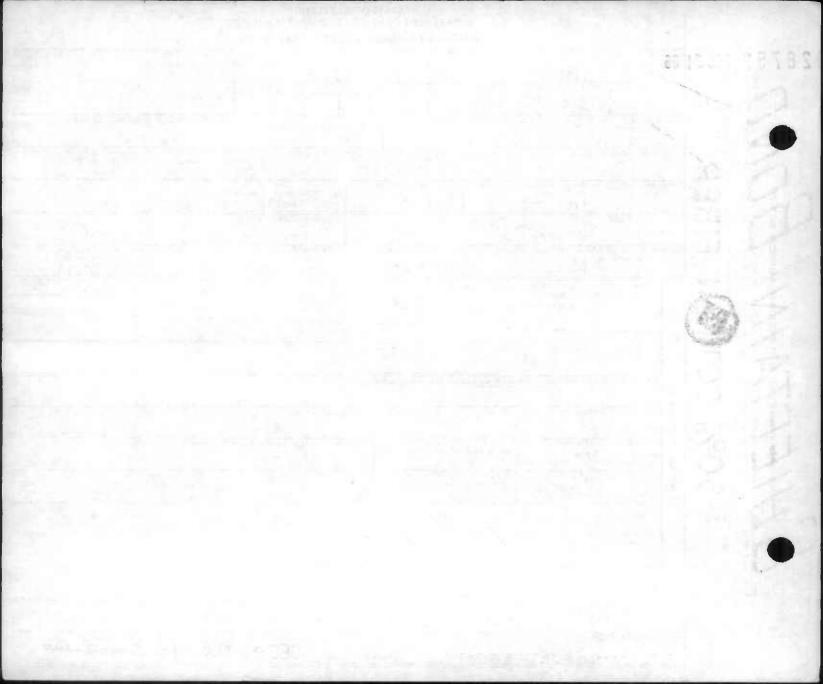
H IF ANY DELAY IS NECESSARY PLEASE
7.2 AND 3 TO THE FUNERAL DIRECTOR.
7.3 RETAIN PACE 5 FOR YOUR FILES.
7.2 SHOULD BE FILED, WITHIN 72 HOURS
14.1 RECORDS, 201 W. PRESTON STREET, DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 AFTER DEATH. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN THE ABOVE A SHOULD BE PORWARDED TO THE CHIEF, MEDICAL EXAMINER AND TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. PRANTIT OF FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. PRANTIT MEDICALLY, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGORD BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OP RIMORE.

07/84 25M

DHMH - 17 (VR A15 ME (5))

BP





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LOPE LASED NAME FIRST 20. DATE OF DEATH 26 HOUR MONTH Albricht (TYPE OR PRINT) LUTHER (nmi) The ICHC 4. KACE S DATE OF BIRDH 3. SEX & AGE (IN YEARS LAST BIRTHDAY) E LINDER 1 YEAR MONTH Male Caucasian 26 1918 June 68 To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Kentucky Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore tecans Administer Inspector Auto Mfg. ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 13d INSIDE CITY HMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore 1539 Elrino St. YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIR51 MIDDLE LAST Thomas Albright Selie Elswick ADDRESS 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 107-26-007 Gwendolyn Albright-1539 Elrino St. #21224 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CERTIFICATION reumania 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [71n. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE AT WORK 22a. | certify that (this hospital) attended the deceased from saw the deceased olive on abave, (I) (A.A. (ala) (ala) view the bady after death and that in (my) (35) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF be dete FUNERAL PHYSICIAN DIRECTOR PHYSICIAN ANT 22e. ADDRESS ld b IMPORT/

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

Burial 24. FUNERAL DIRECTOR

238 BURIAL, CREMATION, REMOVAL

12/9/86

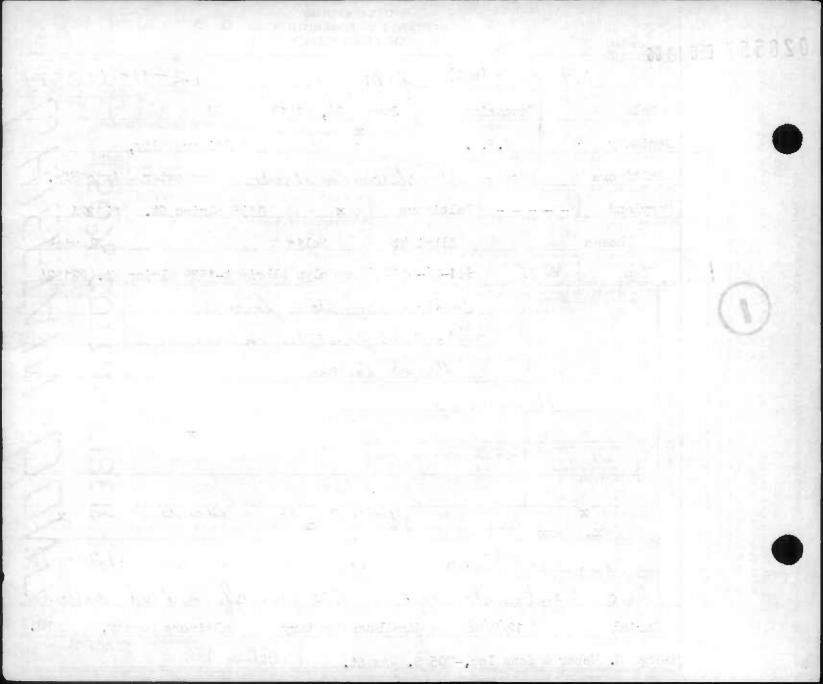
231 NAME OF CEMETERY OR CREMATORS

Woodlawn Cemetery

Baltimore County.

George A. Weber & Sons Inc .- 705 S.

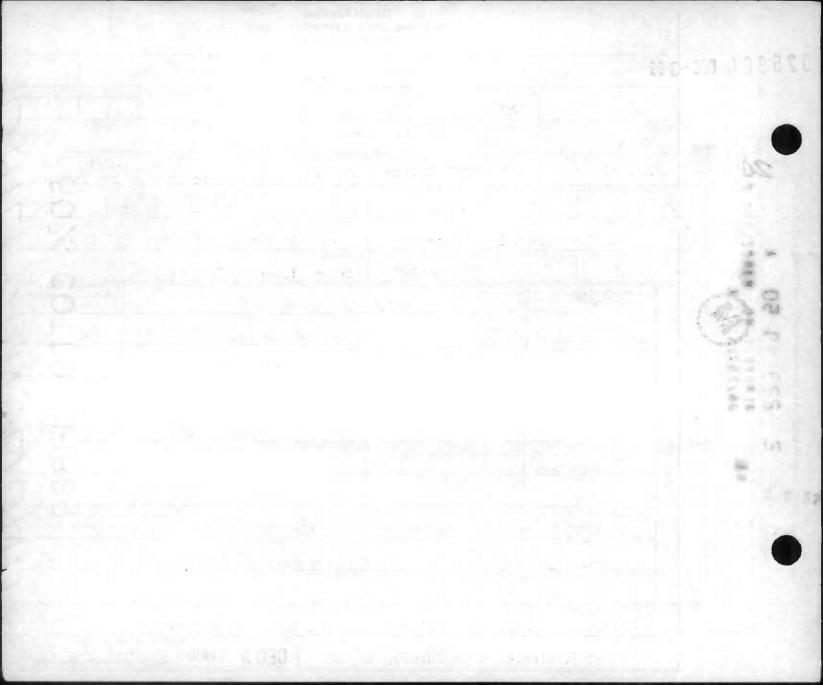
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MAKTLAND									
DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
CERTIFICATE OF DEATH									

4	4000	4	U	1
. NO.				

			FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	<u>ن</u> 4 اه.	4 : 0 0
02	5964 DE	0-4	DECEASED NAME FIRST	MIDDLE		AST NA D	20 DATE OF DEATH		YEAR 26 HOUR
		_	THIRO	ELINO	ALBUEI		DECEMBER		6;15A _M
	4 44	3.	SEX M = 7 =	4 RACE	5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNI	DER I YEAR IF UNDER 24 HRS S. DAYS HOURS MIN.
	_ 1 11/	12/1	Male BIRTHPLACE (STATE OR FOREIGN	White		16, 1926	60	YRS.	TATU TO THE TOTAL THE TOTAL TO THE TOTAL TOT
	# TE %	4	country Cuba	USA	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OF		
9	· 100 100 100 100 100 100 100 100 100 10	3 - 10	CITY OR TOWN OF DEATH		WIDOWI	DR OTHER INSTITUTION	120. USUAL OCCUPAT		MD. KIND OF BUSINESS OF BUSINESS OF
102	20	4	BALTIMORE		ns hopkins i	HOSPITAL	Physicia		Bon Secours
AND 21	22 hou	// 13	SUAL RESIDENCE (IF NURS) - 100M S. STATE Aryland	UNTY 13t. 0	esidence before admission) CITY OR TOWN Sadena	134 INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS 7841 Tick	/ ZIP CODE	d 21122
RYL	1-100	17/19	FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE		LAST
MA	1 11 1/2	40	Marcelino	Daniel Al	buerne	Eugenia E			el Campo
ORE	de de de	00		GIVE WAR OF DATES	SOCIAL SECURITY NO.	17 INFORMANT	ADDR		
TIM	1 2 0 d	1	No	26	2-06-0965	Carmen Albue	rne, Same a	as 13	I MARKAN
8	9 1		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line f ISED BY:	ar (a), (b), and (c).)	INC ARRE		-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
15	Take .	1	IMMED	IATE CAUSE (a)	Wice	INC NKKC	3)		129INUTE
OTS	4		Canditions, if any, which	DUE TO, OR AS	A CONSEQUENCE OF	POGNESSINE R	NAZ FAIL	une	1AXS
W. PRE	2) - 2 (gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF	Progress, we Re	emia		5 months
RDS, 20	Constant of the constant of th	200	PART 2. OTHER SIGNIFICAN		IBUTING TO DEATH BUT	NOT RELATED TO THE TERM			PART I(a)
AL RECO	hot be hot be Thems	2	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
OF VIT	7 1 1 1 1	9	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M.	URY MONTH DAY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I C	R PART 2)
. VISION	the by ord Me ord Me	/	WHILE I NOT WHILE I	21e. PLACE OF IN	JURY CTORY OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	OWN C	OUNTY STATE
9	Ath of the or more		22a C certify that (1) (his he	attended the dec	eosed from 10/	5 19 36	5 to 12/	1 19	86 that (I) (We) Jast
	TIOR FOR TOR		sow the deceased aftive	. 0 / 1	19 86 0	nd that in (my) (our) opinian	death occurred on the c	late and hour and	fram the causes stated
4	A A A A A A A A A A A A A A A A A A A		22b. SIGNATURE	not) view the body offer		DEGREE			221. DATE SIGNED
	A September 1	1	Lyan). Korber	/	ATTENDING PHYSICIAN [MEDICAL STA		12/1/86
	d by NES NES NES NES NES NES NES NES NES NES	7	228 PHYSICIAN'S NAME (TY			22e ADDRESS			
	O HOS Hould I	1	HYAI	n T C	esiTSley				
	25-215	23	G. BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d. LOCATION	500	NTY STATE
	BP	-	(SPECIET) Burial FUNERAL DIRECTOR	Dec. 4,19	86 Glen Ha	ven Mem. Park	Glen Bur		MD
	DHMH - 16 60M 7/ (VRA 15, 4)		NIA AAE	Kirkley, Gle	n Burnie, M		C 2 1986		SIGNATURE
		-	· · · · · · · · · · · · · · · · · · ·						



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE - REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME KNOWN 2a. DATE (TYPE OR PRINT) OF DEATH MATED Donald Anderson 19 86 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 3. SEX 4. RACE DATE OF BIRTH 2d. HOUR 2c. DATE DAY LAST BIRTHDAY PRONOUNCED 1:23A 12-3-46 DEAD 19 86 30 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X MD USA Baltimore City, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore University Hospital WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD BALTO YEST FRANKLIM 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST EMPST NORMAN FREDERICKS JANIE ANDERSON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 145 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 216502806 RICHARD ANDERSON 2205 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING". IN PENCIL IN 17EM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PRIMIT AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIRVED BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease & Diabetes DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NOX 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE X 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** Assistant 12/2/86 SIGNATURE EXAMINER'S NAME 111 Penn St. Balto.MD. William M. Zane, M.D. (TYPE OR PRINT) 23e BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 13c NAME OF CEMETERY OR CREMATORY COUNTY STATE BURIAL ARBUTUS 07/84 BP CEMETERY ARBITTUS

ADDRESS

NORTH AVE

F.

1101

250. DATE REC'D BY REGISTRAR

1006

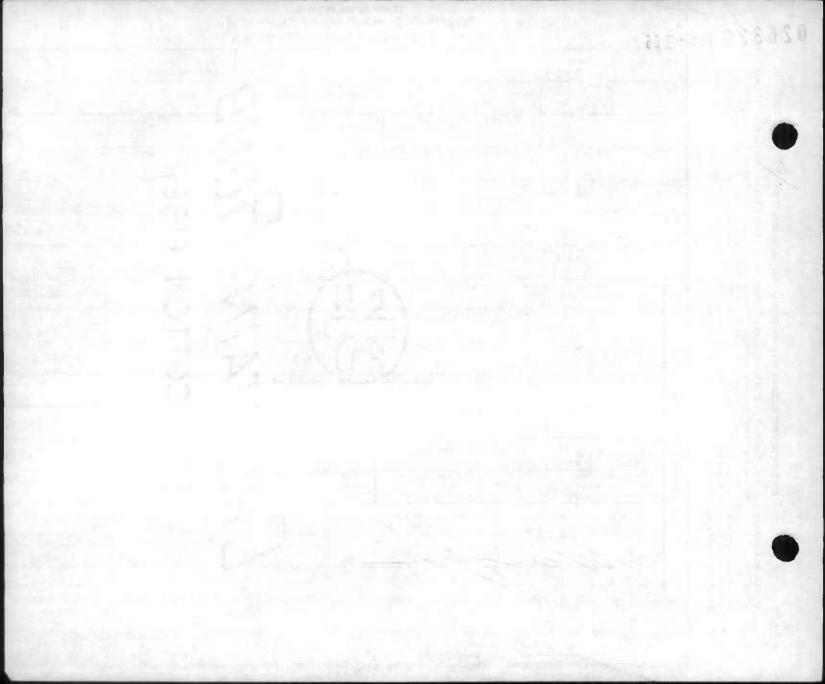
25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

MARCH

DHMH - 17

(VR A15 ME (5))



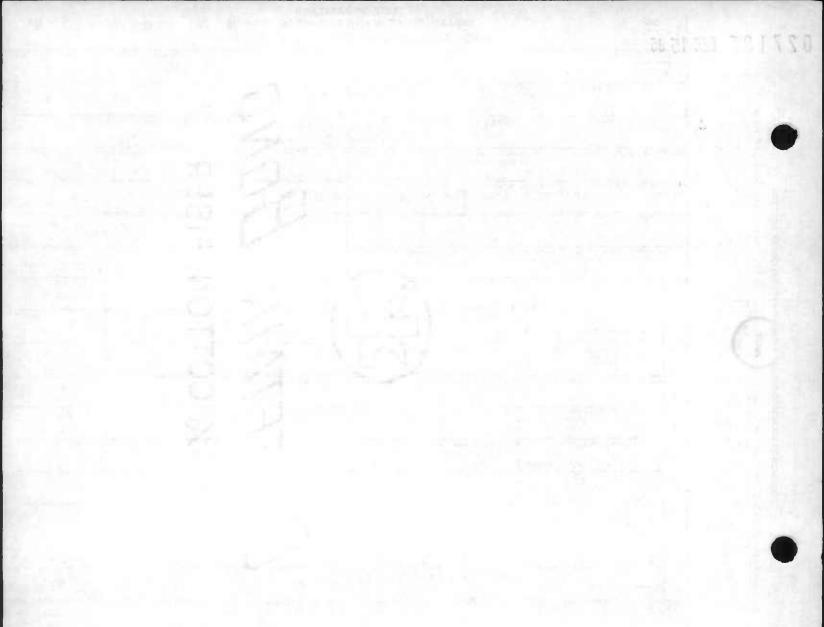
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

026967 DEC	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE O REG. N	0	<i>a</i> 4 !	! 0
1	I. DE	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
9 3 34		DORIS	LEE		AND	ERSON	December	7. 1986	5	4:58 pm
0 4		X	4 RACE		5. DATE C		6 AGE LIN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
7		Female	White		Apr	il 28,1902°	84	YRS.	NIHS DAYS	HOURS MIN.
1 も見 かん		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED X	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
At St. DO		Maryland	USA		WIDOWE	D DIVORCED	BALTIMORE	CITY		MD.
s offer d	BA	ITY OR TOWN OF DEATH LTIMORE	MARYLA	CHEACILITY, GIVE STREET	L HOS	PITAL	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C Secretary		126 KIND O INDUSTRY State	of Md.
AND 212		AL RESIDENCE (IF NURSING HOME O STATE 136 COU aryland	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimor		13d. INSIDE CITY LIMITS?	3900 N. C	zip code harles	St.	21218
MARYL and within and 2 and 2	14. F	Robert Lee A	Anderson	1 LAST		15 MOTHER'S MAIDEN NAME Maggie	Lee		LAS	ī
IMORE,		WAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES. GI	RMED FORCES? IVE WAR OR DATES!	218-36-8		Helen A. Har	513 Wor ris Towson,	Cheste Md.	r Rd. 21204	
THE STATE OF THE S		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause pe	r line for (a), (b), an	d ici.i				APPROXI BETWEEN	MATE INTERVAL DINSET AND DEATH
			ED BY: TE CAUSE (a)	Ventri(ular	Fibrillation			3 min	utes
death ce attendi		Conditions, if any, which	DUE TO, C	R AS A CONSEQUI		an Failure		16	8 hou	rs
that the by the ease rem		cause (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEQUE Sepsis	ENCE OF				36 hp	ur
RDS, 20	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 110	
ECO ow ow print.	CA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	
At R	E E	DECEMBER 3, 19		nability	to ea		YES NOXX	YES		NO 🗌
I OF VITA SICIAN: T ag physici certificate certificate riol-trans proof Hygi tem 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE	ATH HOUR A	DF INJURY M. MONTH D. .M.	AY YEAR	21¢. HOW INJURY OCCUR	RED (ENTER WATURE OF INJU	RY IN ITEM TB PART	I OR PART 2)	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require of ordereding physicion. After this certificate has been signs the buriol-transit permit. Then hand Mental Hygiene prior to be narked or Item 18 shows any injur	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY FREET FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
NTTENDIN spitol or CTOR: Af for use o of Health		22a I certify that (I) (this hosp saw the deceased alive a above, (Ig(we) (did) (dictor)	n December of the body	he deceased from _ per 7, 19 y after death.	Decer 86	nber 3, 1986 nd that in (m) (our) opinion	, to <u>Decembe</u> death accurred on the d	er 7, 10 ote and have a	986 nd from the	that ቖ (we) last causes stated
At OR A the has At DIRECted detached at EDept.		22b. SIGNATURE	2 Red			DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF /	12/	8/86
SPIT d by NER be a	1	22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS			11	
D HOSI famed O FUN of the Mould by		Ira	reddei	c, M.D.		c/o: Marylar	nd General H	lospita	1	
D 0 1 2 3 3	23a.	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
BP / 6		Burial	Dec. 1	.0,1986 I	Lorrai	ne Park	Woodlawn	Balti	more C	o. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director .tchell-Wiedefe	ld Home	. Inc. Ba	5500 Y	OLK RG.	E REC'D. BY REGISTRAR	,	R'S SIGNAT	

026Acf ficials The last state of the second of the state of

HOME



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

0				IDDLE	L	AST		HINO	DAY YEAR	01 110110
	CEASED NAME	FIRST	M			ASI	20. DATE OF DEATH N	IONIH		26 HOUR
(1.11		Paul			A	nderson	December	2	1986	7:30F
3 SE	X	14	RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER I YEAR	IF UNDER 24 H
	Male		Black		MONTH 3	14 14	72		MONTHS DAYS	HOURS M
7a. BI	RTHPLACE (STATE OR F	FOREIGN 7h	CITIZEN OF V	VHAT COUNTRY	2 8		9 BALTIMORE CITY OR	COUNTY	OF DEATH	
	UTH CARO		U.S.		MARRIE	NEVER MARRIED				
	TY OR TOWN OF DEA				WIDOWE	D DIVORCED D	Baltimore			F BUSINESS
10 C	IT OR TOWN OF DEA	10		FACILITY, GIVE STREE		K OTHER INSTITUTION	TYPE OF WORK FOR MOST OF	WORKING LIF		r BUSINESS
	Baltimore			and Gene		spital	CONSTRUCT	ION		
13a S	AL RESIDENCE (IF NURS	136 COUNTY	HER INSTITUTION O	36 CITY OR TO	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
M	ARYLAND			BALTIM	ORE	YES X NO	3108 Wolc			21216
	THER'S NAME					15. MOTHER'S MAIDEN NA	ME			
W	illie	WIE	DDLE	Anders	on	Cecelia	MIDDIE		LAS	ī
	VAS DECEASED EVER	IN II S ARME	D FORCES?	16b. SOCIAL SEC		17. INFORMANT	ADDRES	S		
	YES NO OR UNKNOWN	(IF YES GIVE W					2100	1.7 - 1		
	NO			240-12	-0902	Irene Ande	erson 3108	MOT		
	18 CAUSE OF DEAT	H (Enter anly	ane cause per	line far (a), (b), a	nd (c)				APPROXI BETWEEN	MATE INTERVA
17.11	PART I. DEATH W	AS CAUSED I	BY:	75		'-maia			1960	
		IMMEDIATE		Overwhel		epsis				
	Conditions, if any,		DUE TO, OR	AS A CONSEOL	JENCE OF		rinaru Bladde			
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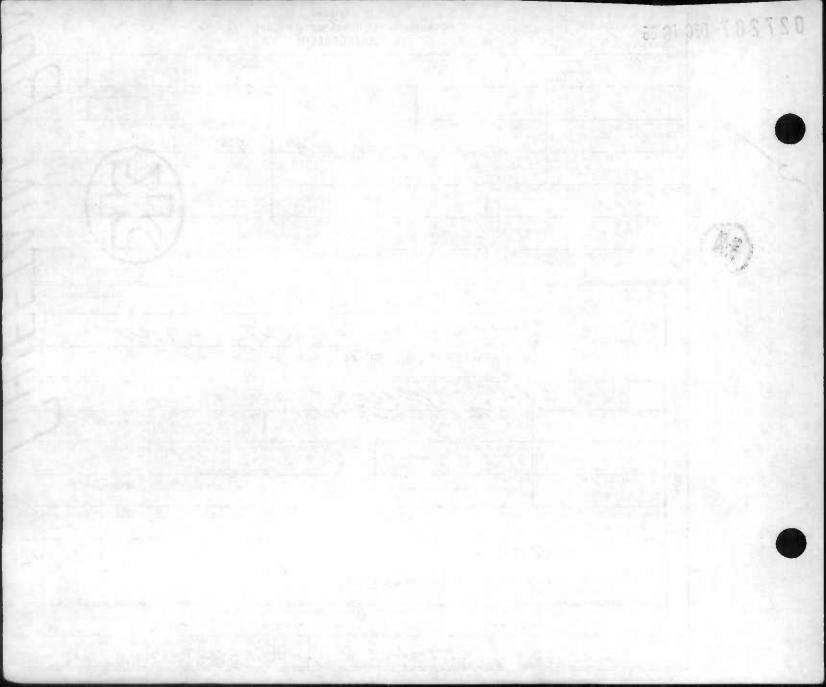
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

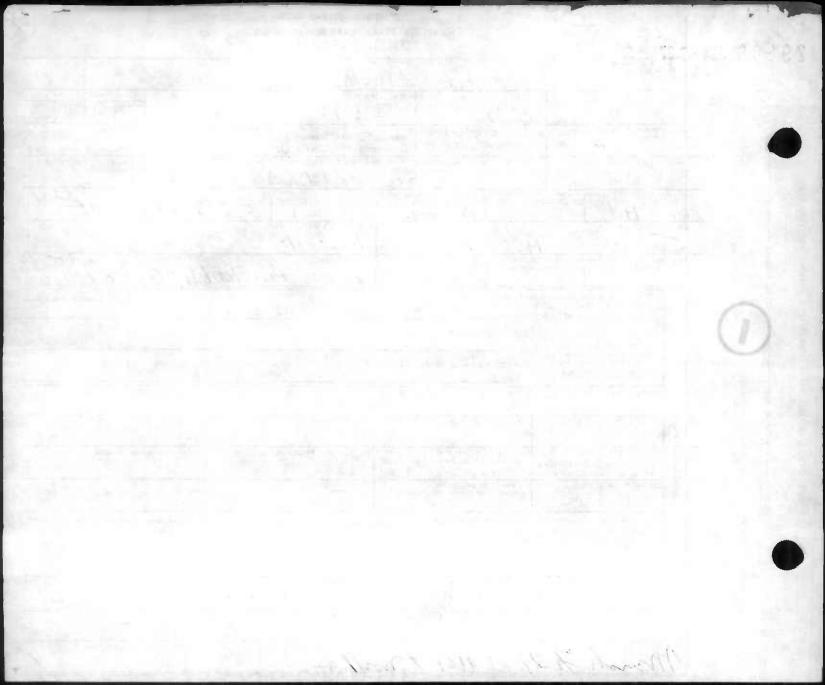
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			STATE OF MARYLAND
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or use as of Healt m 21 is r		220.1 certify that (1) (this hospital) saw the deceased alive on above, (1) (we) (did) (did not) vi	12/31/20 19, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated
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DHMH-16 25M (VRA 15, 4) 1/79	24/	Warsh 7 1	1 4(6) E north are A Segistrar 25b. REGISTRAR'S SIGNATURE



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pletely filled in by the funeral director, page 3 nd 2 shauld be filed within-72 flours after death

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other train TO FUNERAL DIRECTOR: After this certificate has been signed by "should be detached for use as the burial-transit permit. Then please maynth the State Dept. of Health and Mental Hygiene prior to burial, cre

BP.

DHMH - 16 60M 7/84

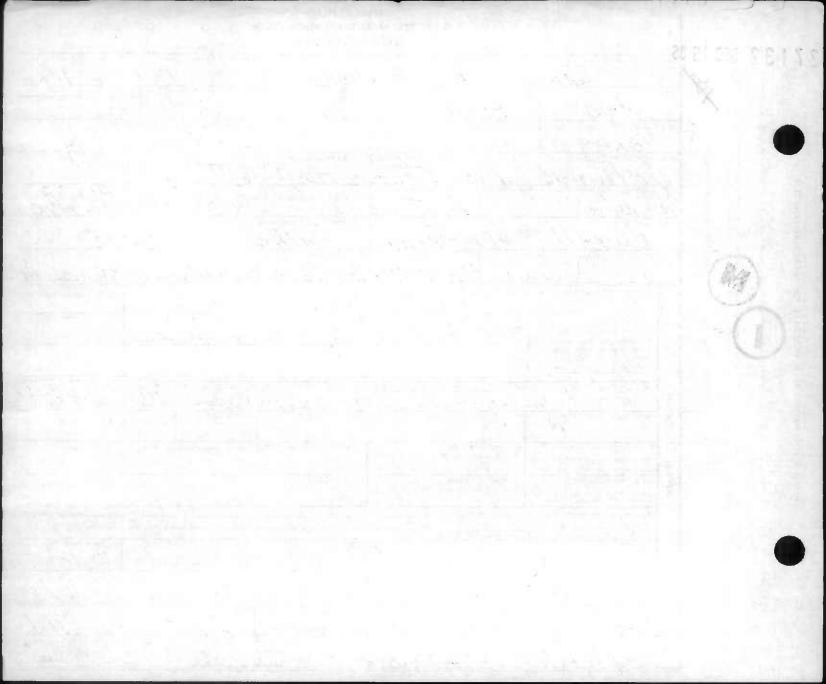
(VRA 15, 4)

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Table Tabl	0	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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OUR TO, OR AS A CONSEQUENCE OF PART 2, OTHER SIGNIFIE ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 PART 2, OTHER SIGNIFIE ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 PART 2, OTHER SIGNIFIE ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 PART 2, OTHER SIGNIFIE ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 PART 2, OTHER SIGNIFIE ANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 190 autopsy? The IF YES, WERE FINDINGS USED TESTIFY IN CONTRIBUTION OF CONTRIBUTION OF INJURY OR CONTRIBUTION OF INJURY IN THE MIS PART LOR PART 2) PART 2, OTHER SIGNIFIE AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 PART 2, OTHER SIGNIFIES AND THE MISSING TO DEATH HOUR A.M. MON	Н	Conditions, if any, which	1 1711	Strice K	enal Asso	120
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220.1 certify that (I) (this hospital) attended the deceased from	13	(IF EITHER NOTIFY MEDICAL EXAMINE				
225 SIGNATURE DEGREE ATTENDING A MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR BALTO Medical STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR BALTO Medical STAFF PHYSICIAN DIRECTOR	1	WOI WHILE			CITY OR TOWN	COUNTY STATE
221 SIGNATURE 221 SIGNATURE ATTENDING A MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE	Г					
ATTENDING A MEDICAL STAFF PHYSICIAN DIRECTOR PHYSIC	ŀ	obove (I) (wer (did) (did or	of few the body after death.		n death accurred on the date an	
1940 W. BALTIMORE & BALTO Med. 1230 BURIAL CREMATION, REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION		Bel	Dn_	6 1 2	A MEDICAL STAFF DIRECTOR PHYSICIAN	10/1-10
230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY		THE PHYSICIAN'S NAME (1946)	CTRAN	1940 W. L.	BALTIMORE	& BALTO Mel
1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	23	Burial, CREMATION, REMOVAL	. 236 DATE 230	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY SLATE
24 FUNERAL DIRECTOR, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	24	FUNERAL DIRECTOR	114-12-00 4	1/COU/45 Them PAR	TE REC'D. BY REGISTRARIOS A	EGISTRAR'S SIGNATURE
Joseph L. Russ #2224, North Ave DEC 1 2 1986 Line Scient Balance			USS \$222	W. North Ave D'	EC 1 2 1986 1	ia Berlin Podres



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.				
Ī	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	1 - A	ASI (Ashford)	20. DATE OF DEATH	MONTH	DAY YE	AR 2	h HOUR	ρ
L	Lave	rne (A.)	d /t	rmstrong .	July 2011 1 14	12	19 5	76 6	7:22	M
1	I SEX	Black	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		MONTHS .		HOURS A	HRS MIN.
÷	70. BIRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	8	27 00	9. BALTIMORE CITY C	YRS.	V OF DE AT	N .	_	
1	TWD	USA	MARRIE	^	Bultimo		ity			MD
	10. CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREEY,		DR OTHER INSTITUTION	120. USUAL OCCUPAT				BUSINESS	OR
đ	JOUAL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	-	E			
1	MD	Balto		YES NO	2103 Co	llou	JAU	2. 6	2121	7
ď	IN FATHER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NAM	ME			LAST		
4	Floyd	Armstr	on6	Moena			Do	NU	ing	
T	(YES, NO, OR UNKNOWN) (IF YES, GIVE Y	ED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	ESS			212	1
L	(TE TES, GIVE T	219-58	-1488	Moera Ar	mstron6	2116	2 Fa	CK	Ave	
Γ	18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and	d (c).1	1			BETY	PROXIMA WEEN ON	ATE INTERVAL	ATH
1	PART I. DEATH WAS CAUSED		almo	nurd Arrest				45 m	-in	
4		DUE TO, OR AS A CONSEQUE	NCE OF							
1	Canditians, if any, which	(b) 2-1212						8 hr	5	
1	gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSTOUR	NICE OF							
1	underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	1 Discust						
1	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT		INIAI DISEASE OR CON	DITION CIT	VENUINI DAI	or Lea		_
1	Z	WEST OF THE STATE	222111	NOT KEER TO THE TERM	IIVAL DISEASE OR COIV	DITION	VEIN IN FAI	ti iid		
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FI			_
1	≝				YES IN NOT		FYING CAI		F DEATH?	
7	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURR	_ 4	1			140	
1	OR CONTRIBUTING TO CAUSE OF DEATH	HOUR A.M. MONTH DA	YEAR		LEWIS MAN PAR PAR	ar nem ro	7411 101174	,		
1	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION						_
П	NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	WN	COUNT	Υ	STATE	E
1	AT WORK					1				
П	22a. I certify that (I) (this haspita		- 1	12/19/19/80	, ta\	19	19 86	, the	at (I) (we)	last
1	saw the deceased alive an abave, (I) (we) (did) (did nat)	view the bady after death.	<u>b</u> , ar	nd that in (my) (aur) apinian d	death occurred an the de	ate and had	ur and fran	the ca	uses stated	d
1	22b. SIGNATURE	1		DEGREE		- 1	22c. C	ATE SI	GNED	
	R	n d.H.h.	10	ATTENDING PHYSICIAN	MEDICAL STAT		1	2/1	9/4	
1	224. PHYSICIAN'S NAME (TYPE ORE	PRINT)		22e. ADDRESS		7		-	1,	

23c NAME OF CEMETERY OR CREMATORY

BALTIMORE

CEMETERY

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept, of Heal WPORTANT, If IN

> 24 FUNERAL DIRECTOR CH FUNERAL HOME 1101 E. NOMTH AVENUE

23b. DATE

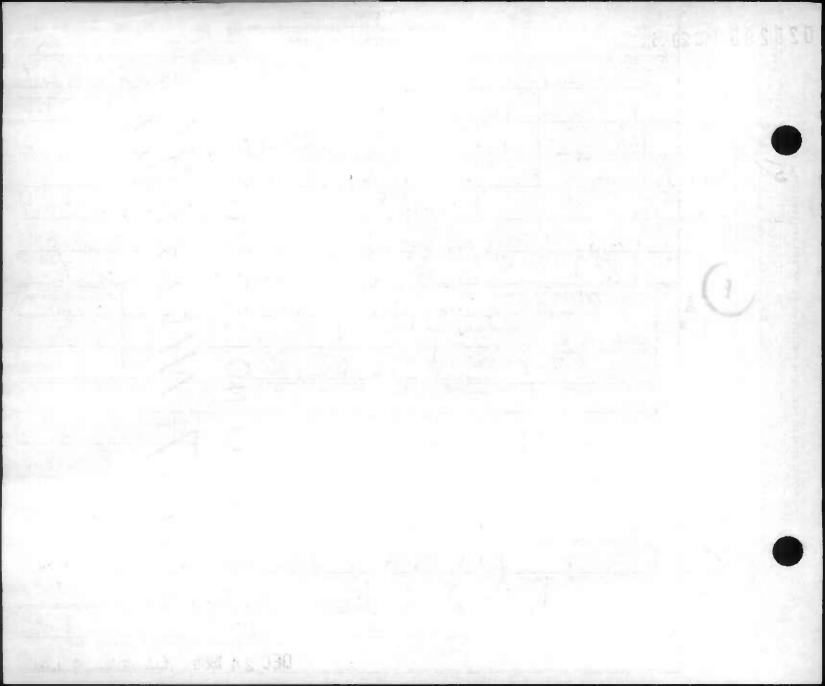
12 24

230. BURIAL, CREMATION, REMOVAL URIAL

BALTIMORE 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

IMD STATE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH 1. DECEASED NAME EIRSI (TYPE OR PRINT) J. 1897 3. SEX 4. RACE 5. DATE OF BIRTH 18 6 AGE (IN YEARS LAST BIRTHDAY) WHITE 9 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY DIVORCED WIDOWED 12ª USUAL OCCUPATION BALTIMORE, MARYLAND 2120 130. STATE 136 COUNTY YES P NO T 1 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MAX **ARONSON** DORA IRVIN PPRKATZ 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT MR. YES BALTO., MD 6 CLUB ROAD WWII 18 CAUSE OF DEATH (Enter only one couse per line for to), (b) PART I. DEATH WAS CAUSED BY W. PRESTON ST. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate to, stoting the DUE TO, OR AS A CONSEQUENCE OF couse underlying RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION STREET CITY OF TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased olive on obove, (I) (we) (did) (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT 22e. ADDRESS the the

DHMH - 16 60M 7/84 (VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY BETH YEHUDA ANSHE KURLAND DEC. 29, 1986

STATE OF MARYLAND

BALTIMORE

2b HOUR

12b KIND OF BUSINESS OR

SCRAP METAL

SAMUELSON

21210

IF UNDER ! YEAR

INDUSTRY

YES T

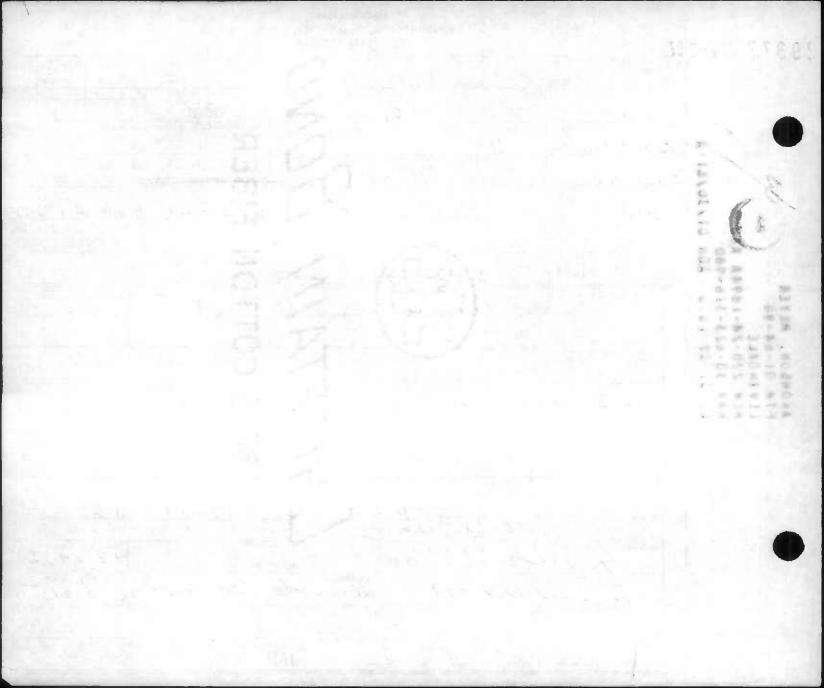
COUNTY

LEVINSON & BROS, INC. 601 CREISTERSTOWN RD.

230. BURIAL, CREMATION, REMOVAL

BURIAL

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S, SIGNATURE Julia Devideon. Randale



027445 DIC 17 POR

page 3 er death

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYG
CERTIFICATE OF DEATH

REG. NO.

		EASED NAME	FIRST	- 1	MIDDLE	L	AST		20. DATE OF DEATH	HIMON	DAY YEAR	2b HOU	
	(TYPE	OR PRINT)	SAR	AH Ch	narlotte	A	SPLE.	N		21	14 86	123	AM
	3. SEX	6		4 RACE	7.3	5. DATE O	DAY	YEAR	6. AGE IN YEARS LAST BIRTH	HDAY)	MONTHS DAYS	IF UNDER	MIN.
	2	emale		White		5	24	04	82	YRS.			
5	7a. BIF	RTHPLACE (STATE OR FO	OREIGN	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MAR	RIED 1	9 BALTIMORE CITY OR City	COUNT	OFDEATH		MD.
3		TY OR TOWN OF DEA	ТН	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET Samarit	ADDRESS)		TION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker		126 KIND O INDUSTRY	F BUSINE	SS OR
5	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 134. COUNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? WOOLFOOT VES NOTE				LIMITS?	13e STREET ADDRESS /	ZIP CODE	216	77				
1	I4 FA	John		urnell	Asplen	1	15. MOTHER'S MA		Jane Jane		Linthic	um	
2		VAS DECEASED EVER (res. no or unknown) no		MED FORCES? E WAR OR DATES)	214-30-7		Mrs. La	aura C	Clemmer 7908		Air Rd	. 21	234
	No	Conditions, if any, gove rise to imm cause (a), stating underlying couse	AS CAUSE IMMEDIAT which lediate g the last.	D BY: E CAUSE (0) DUE TO, O (b) DUE TO, O (c)	RAS A CONSEQUERAS A CONSEQUERA	ENCE OF C	blustie CNS L	lenke tenke	Lemis los stasio.	ith		MATE INTER	
1	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	ED	200 AUTOPSY? YES NO	IN CERTIF	S, WERE FINDING CAUSES		TH?
1		210. ACCIDENT WAS UND OR CONTRIBUTING C {IF EITHER, NOTIFY MEDIC	AUSE OF DEA	TH HOUR A.	F INJURY M. MONTH D M.	AY YEAR	21c. HOW INJUR	Y OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18 I	PART I OR PART 2)		
	MEDICAL	21d INJURY OCCURR	ILE []	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)	21f. LOCATION STREET		CITY OR TOW	/N	COUNTY	5	STATE
		220.1 certify that W (this hospital) attended the deceased from 12, 19, 86, to 14, 19, 86 saw the deceased alive an 12, 13, 19, 86, and that in (nex) (our) apinion death occurred on the date and hour and from above, H (we) (did) (did, not) view the body after death.											
		Elias Phanolour ATTENDING PHYSICIAN					SICIAN [MEDICAL STAFF DIRECTOR PHYSICI	AN D	12/1	14/0	96	
		ELIAS	ME (TYPE O	HAN	DOUR		5601 L		SAMARI PAVEN BLMI		ALTO,	8. MD 2	1239
		BURIAL, CREMATION, I	REMOVAL	23b DATE			EMETERY OR CREA		23d LOCATION CITY OR TOWN		COUNTY	. 5	STATE
		Burial		Dec.17	, 1986 0	ld Tri	nity Chu		Church Cr		Dorches		Md.
		Leomard J.	Ruck	Inc. B	al timore	, Mary	land	DE DE	L'AL TOOC	1.0	Deordon .	A .	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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	10000				

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61 160	FOR STATE REDISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	4 1 7
	ECEASED NAME FIRST DE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR A
	IRVIN		ASRAEL		3, 1986 12:15 M
3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
70.0	MALE MRTHPLACE (STATE OR FOREIGN	WHITE	SEPT. 10, 1911	75 YRS	V OFFICE VIEW
7 100	COUNTRY) RUSSIA	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY BALTIMOR	
0	BALTIMORE	11. NAME OF HOSPITAL, NURSIN JENOT IN SUCH ACIUTY GIVE STREET 3333 CLARKS LA	ADDRESS APT. B	TYPE OF WORK FOR MOST OF WORKING IN ELECTRON PLA	12b. KIND OF BUSINESS OR INDUSTRY METAL
M	ARYLAND	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 130, CITY OR TOWN BALTIMOR	E YES X NO		E., APT. B #21215
) 14. F	ABRAHAM DA'	VID ASRAEI	L JESSTE	WE	JABÜSH
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? 166 SOCIAL SECUL E WAR OR DATES) 218-16-5		BELLE SCHERR S LANE. APT. #1	#21215
	Conditions, if any, which gove rise to immediate couse (0), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE	rdiac arrist insclude about D NCE OF COLOLARY S	sessi i	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH Aug 4 yzala
CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	TH HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY	19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	
W		(AT HOME, STREET, FACTORY, OFFICE, FACTORY) office, FACTORY, OFFICE, FACTO	14, 24 , 1984	city or town	19 0 that (1) (we) lost
	sow the decessed alive on above, (I) (see) (did) (did no 22b. SIGNATURE	anuel Ler	DECREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
	224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS		

21215

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SUL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD

23b. DATE

12-15-86

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23d LOCATION
CITY OF TOWN
BALTIMORE 23c NAME OF ANSTHEY SEARCH CONG TIFERETH ISRAEL

COUNTY

STATE MD

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BP.

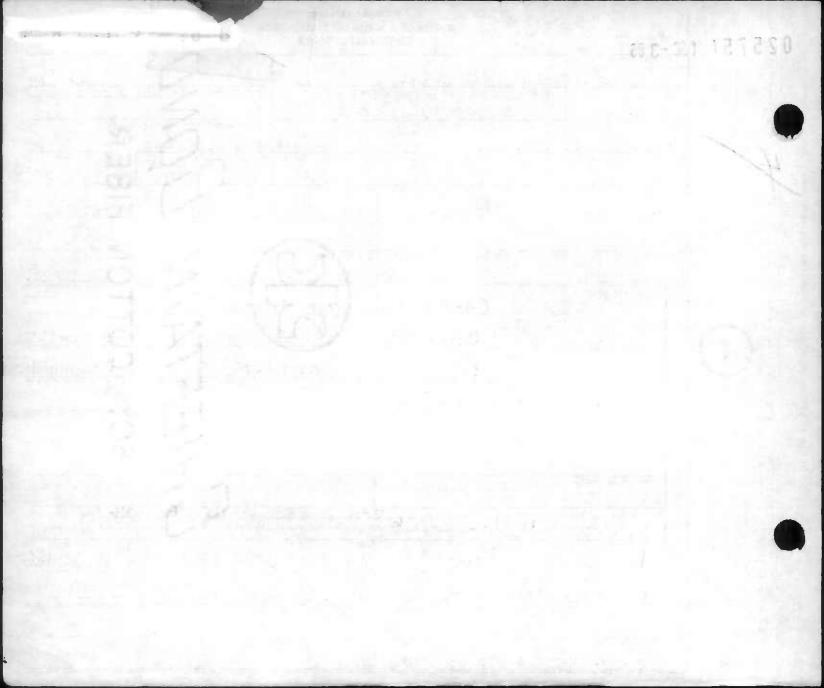
DHMH - 16 60M 7/84

(VRA 15, 4)

025754

STATE OF MARYLAND

	FOR STATE				EALTH AND MENTAL HYG CATE OF DEATH	IENE 3 3	5	4 1	4 0
	REGISTAR FIRST		MIDDLE		ISI	20 DATE OF DEATH MON	TH DAY	YEAR	Tai mania
	OR PRINT)				(2)		TH DAT	TEAR	26 HOUR
	REV. WI	LLIAM A	AUSTIN JR			11-27-86			2 AM
3. SE	Χ	4. RACE	5.	DATE O		6. AGE (IN YEARS LAST BIRTHDAY	() IF U	NDER I YEAR	HOURS MIN.
	MALE	В	10.55		16-10	76	YRS.	DATS	NOORS MIN.
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	A A BRIEF	NEVER MARRIED	9 BALTIMORE CITY OR CO	O YTMUC	DEATH	
	ittsboro, N.C	U.S.A		MARKIEL IDOWFI	Λ.	BALTO. Co	5		MD.
	TY OR TOWN OF DEATH	11. NAME OF		HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION		2b. KIND O NDUSTRY	OF BUSINESS OR
	ALTIMORE		306 Gwynn		k Ave.	minister		reli	gious
USU:	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		GIVE RESIDENCE BEFORE ADA		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF	CODE		
	D.		Balto.		YES X NO	5306 Gwynn		Ave	. 21207
	THER'S NAME				15 MOTHER'S MAIDEN NA	ME	· Our		
	FIRST	WIDDLE	LAST		FIRST	MIDDLE		LAS	,T
	William Aust		16b SOCIAL SECURITY	VNO	Maccie 17 INFORMANT	Taylor			
		VE WAR OR DATES)	11-						
	no		218-05-1	960	ESTELLA	AUSTIN 5306	Gwy		
	18 CAUSE OF DEATH (Enter o	nly one cause per				00-		BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSI	TE CAUSE (a)	CARDION	ULN	10 NARY IT	2 REST			
			R AS A CONSEQUENC	E 05					
	Canditions, if any, which	10,0	CARCU	ON	MATOSIS			61	months
	gave rise ta immediate) 61-		_		100			
	cause (a), stating the underlying cause last	DUE TO, O	RASA CONSEQUENC	AT	E CANC	ER	-	18	mon the
	PART 2 OTHER SIGNIFICANT	(0)	THU S U	TIA DUT	NOT BELLIED TO THE TERM	INIAI DISEASE OR COMPITIO	DAL CIVENI	IN DARY 1	
z	A A A A	CONDITIONS C	ONTRIBUTING TO DEA	A BUIT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITIC	JN GIVEN	IN PARI III	0
은	CHRBITC	- ITK	4 I ITMU	17	· · · · · · · · · · · · · · · · · · ·	200 AUTOPSY? 208	b. IF YES, W	FRE FINID IN	100 1155
CERTIFICATION	190 DATE OF OPERATION	148 COND	ITION FOR WHICH OP	ERATION	A MAS PERFORMED	IN			OF DEATH?
1						YES NO	YES [NO 🗌
U	210. ACCIDENT WAS UNDERLYING	21b. TIME C	M. MONTH DAY	YEAR	211 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN I	ITEM 18 PART I	OR PART 2)	
14	OR CONTRIBUTING CAUSE OF DE	AIR	М.	19					
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TOWN		COUNTY	STATE
E	WHILE NOT WHILE I	(AT HOME ST	REET FACTORY, OFFICE FARM	ETC)	SIKEEI	CHT OK TOWN			SIMIL
	220.1 certify that (1) (this hasp	utal) attended th	e deceased from		TAN 10 85	5 10 NOV DE	10	26	that (I) (we) last
	saw the deceased alive as	A 1 1 1	2 10 8			death accurred an the date a	nd hour on		
	abave, (1) (we) (did) (did no	at view the body	after death.						
	226 SIGNATURE	100		L	DEGREE ATTENDING	MEDICAL _ STAFF		22c DATE	SIGNED
	- Oran	2-11	M		PHYSICIAN [DIRECTOR PHYSICIAN		111	158 80
	220. PHYSICIAN'S NAME (TYPE	ORPRINT			22e ADDRESS	. 0 11			
-	K. SHAW-	- 1AY1	OR		5710 War	ash. Balt	A	71.	215
23a E	BURIAL, CREMATION, REMOVA	L 23b DATE	23c. NAN	AE OF CE	EMETERY OR CREMATORY	23d. LOCATION			
	(SPECIFY)	12/1/	/86 A:	rbu	tus	Balto. M	id.	PINUC	STATE
24. FI	Burial UNERAL DIRECTOR					E REC'D. BY REGISTRAR 25b.		'S SIGNAT	TURE
	Leroy O. Dye	++ c c	ADDRESS T	ibo		30-86			. 14 3
	neroy o. Dye	LL & SC	лт 4000 Г.	The.	rch uerd !!-				



FOR

REGISTRAR

- STATE

(VRA 15, 4)

COUNTY STATE (aur) apinian death occurred on the date and have and from the causes stated 276 DATE SIGNED DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY Burial Dec. 27, 1986 Gardens of Faith Rossville ROBERTRECOR ALTENBURG FUNERAL HOME, INC. DHMH - 16 60M 7/84 6009 Harford Rd., Balto., Md. 21214

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

12b. KIND OF BUSINESS OR

Own Home

Crawford

Apt. 296

IF LINDER 24 HRS

21214

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

UNDER 1 YEAR

INDUSTRY

0.207.1 pt. 210. of on the State of the Million of Land

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

20 DATE OF DEATH MONTH YEAR 2b. HOUR 1986 BABBITT DECEMBER 30 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)

9 BALTIMORE CITY OR COUNTY OF DEATH

MONTH Female White July 27, 1892 Ta. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? COUNTRY Illinois U.S.A.

VERNA

MARRIED NEVER MARRIED WIDOWEDK DIVORCED

Baltimore 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

Housewife

20a AUTOPSY?

12b. KIND OF BUSINESS OR INDUSTRY At Home

22124

APPROXIMATE INTERVAL

Baltimore Church Home Hospital USUAL RESIDENCE (IF NURSING HOME IN CITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE

HEYES GIVE WAR OR DATEST

4 RACE

13c. CITY OR TOWN Fairfax Oakton

IN NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? YES T IS MOTHER'S MAIDEN NAME

10713 Miller Rd.P.O.Box MIDDLE LAST

Israel John Harris

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

FOR

LTYPE OR PRINT

3 SEX

STATE

DECEASED NAME

10. CITY OR TOWN OF DEATH

Virginia

4 FATHER'S NAME

No

CERTIFICATION

MEDICAL

00

-0

LYES. NO OR UNKNOWN!

166 SOCIAL SECURITY NO. Unobtainable

LAST

HARRIS

MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Emma Nelson 17 INFORMANT

10771535 Miller Road. PO 367 Franklin G. Babbitt Oakton, VA 22124

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

86

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: ASPIRATION PNEUMONTA IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

190. DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

DECEMBER

216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR
21d INJURY OCCURRED	21e PLACE OF INJURY	.,

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21e. PLACE OF INJURY

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

21f. LOCATION

CITY OR TOWN

COUNTY STATE

sow the deceased alive on DECEMBERX 3019 obove, (1) (we) (did) (did not) view the body ofter death

22a.1 certify that (1) (this hospital) attended the deceased from

DEGREE ATTENDING PHYSICIAN [

MEDIC AL STAFF DIRECTOR | PHYSICIAN

86. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DECEMBER

NO

22c. DATE SIGNED 12-30-86 27e. ADDRESSCHURCH HOSPITAL CORPORATION

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT) SERVILLANO

NOT WHILE AT WORK

> 100 234 NAME OF CEMETERY OR CREMATORY

N. BROADWAY BALTIMORE COUNTY

230 BURIAL, CREMATION, REMOVAL Cremation

Jan. 2. 1987 Metropolitan Crematory Alexandria

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

250. DATE REC'D. BY REGISTRARI256. REC TRAR'S SIGNATURE

24 FUNERAL DIRECTOR MONEY & KING VIENNADRE EUNERAL HOME 22180 171 W. Maple Ave. Vienna, VA

236. DATE

86

Julia Tinton Rendal

BP - 16 60M 7/84 (VRA 15, 4)

be ou. FUNERAL should be det with the State IMPORTANT: 0

SET MOTTON FIRE

BEST OF MILE

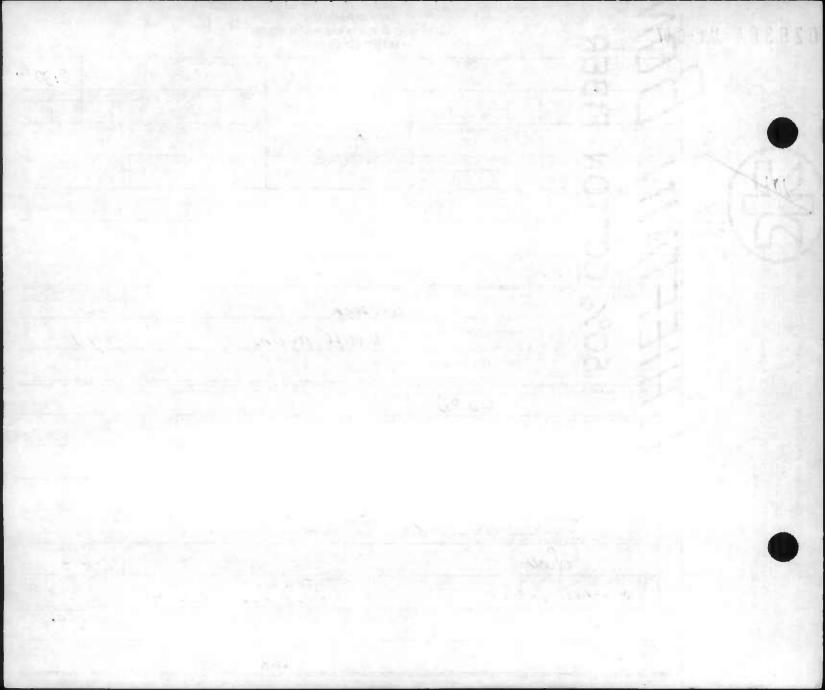
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	0	3	dig	-	6.	-
CERTIFICATE OF DEATH		REG. NO.				5	

137	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	IENE REG. N	10.		2.0	
I DE	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		YEAR	26 HOUR	
(117PE	RONALD		FRYE		BABINGTON	Decemb	er 31, 1	986	8:30 M	
3, SE	Male	4 RACE	White	5 DATE (6 AGE (IN YEARS LAST BI	PRTHDAY) IF UNI MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	RIHPLACE ESTATE OR FOREIGN W.Va.	76. CITIZEN OF	WHAT COUNTRY?	MADDIED NEVER MADDIED			imore Ci		MD.	
io C	TY OR TOWN OF DEATH Baltimore	11. NAME OF (IF NOT IN SUC	HOSPITAL, NURSIN	Grund	or other institution by Street	120 USUAL OCCUPAT	ION DE WORKING LIFE)		Steel	
	AL RESIDENCE (IF NURSING HOME O STATE Md 13b. COU		GIVE RESIDENCE BEFORE 131. CITY OR TOW		134 JUSIDE CITY LIMITS?	130. STREET ADDRESS	Wildy St.	21	224	
TA FA	James Babi	ngton	LAST		15. MOTHER'S MAIDEN NAM	ie Fryemiddle		£A51	T	
	VAS DECEASED EVER IN U.S. AI	MED FORCES?	178-09-1		Lena E. Babin	gton 725 S	ess Grundy	st.		
5	18 CAUSE OF DEATH lEnter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a).								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
1.88	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	r as a conseque	NCE OF	rallyh pycla			4 4	У.	
NOU	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON									
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO				RTIFYING CAUSES OF DEATH? YES NO NO NO		
1000	2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	DF INJURY M. MONTH DA M.	AY YEAR						
MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	O NWC	OUNTY	STATE	
	220 I certify that (1) Whis hasp sow the deceased live or obove, (1) (we) (old) (did no 721 SIGNATURE				nd that in (my) (or) opinion of DEGREE ATTENDING OHYSICIAN C	MEDICAL STA	VEE.			
	22d PHYSICIAN'S NAME (TYPE	PLIEN			The ADDRESS ZILM		L-4	. , ,		
23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE3/	'87 ²³ ES	vergr	EMERINOR COLOR	27199855ur	g,Carrol	l, Co.	Md. TATE	
24 FI	UNERAL DIRECTOR Chas.S.Zeiler	& Son Ir	nc.6224 _{ES} E	aster	n Ave.	REC'D. BY REGISTRAF	25b. REGISTRAR'S			

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detached for use with the Store Direct of Heal IMPOSTANT If hem 21 is m



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			OF HEALTH AND MENTAL H	REG. NO.	0 4 : 2 .
	1. DEC	CEASED NAME PIRS	-551E- "	IDDLE	BABYLON	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR OS
		De		LaRue	(2) 12/ 10	12.	IF UNDER 1 YEAR IF UNDER 24 HRS
	3. SEX		4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
4	The same of	ETHALE (STATE OR FOREIGH	WH1	VHAT COUNTRY? 8	05 23 04	9. BALTIMORE CITY OR CO	INTY OF DEATH
4	C	OUNTRY)		M	TRAILED - INC. CR. INC.		
4	Name and Address of the Owner, where	Maryland TY OR TOWN OF DEATH	U.S.		OWED DIVORCED	Baltimore	12b, KIND OF BUSINESS OR
P	DA			FACILITY, GIVE STREET ADDRES		(TYPE OF WORK FOR MOST OF WORK	
	USUA	AL RESIDENCE (IF NURSING HO				Retivod	2/378
	13a S		MOUNTY altimore	Baltinue	13d. INSIDE CITY LIMITS	130 STREET ADDRESS / ZIP	- 1 44
1		THER'S NAME			15. MOTHER'S MAIDEN	NAME	/
		Andrew	Jackson	Brashea	ers Susan	Matilda	Bowers
100		AS DECEASED EVER IN U.		166 SOCIAL SECURITY		ADDRESS	
	- (1	NO		213 12 26	43 Eugene Ba	abylon Sykesvil	le, MD 21784
1		18 CAUSE OF DEATH (En	ter anly one couse per	line far (a), (b), and (c)	10		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			EDIATE CAUSE (0)	CARCINO	MA Of Pa	morea?	100
1			DUE TO, OR	AS A CONSEQUENCE	OF CONTRACT	. P	KN
		Canditians, if any, white		metasta	to Caranor	na of diver	WE!
		couse (a), stoting to	he DUE TO, OR	AS A CONSEQUENCE	OF		/
			((c)				*
	N	PART 2 OTHER SIGNIFIC.	ANT CONDITIONS CO	NTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITIO	N GIVEN IN PART TIO
5	ATIC	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPER	RATION WAS PERFORMED		IF YES, WERE FINDINGS USED
-	CERTIFICATION	12-13-81	5 meta	state (as	1110	LOL YES NOW	CERTIFYING CAUSES OF DEATH?
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE			71¢ HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITE	EM 18 PART (OR PART ?)
	MEDICAL	(IF EITHER NOTIFY MEDICALEX	AMINER) P.A		19 211 LOCATION		
	MED	21d. INJURY OCCURRED	21e PLACE C	EET, FACTORY, OFFICE FARM E		CITY OR TOWN	COUNTY
		22a.1 certify that (1) this		da (2 ~ 09~ 10 }	06-12-10	19 8 hat (I) (we) lost
				() /		ion death accurred on the date on	ad haur and from the causes stated
		22b. SIGNATURE	did not view the body	ofter death.	DEGREE		22c DATE SIGNED
		Kwom	PN.K	nu	MY ATTENDING	MEDICAL STAFF	12-17-86
		224 PHYSICIAN'S NAME	TYPE OR PRINT)	10	22e ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2
		Kwang	N.	KiM -	2600 Lib	enty Heights A	ve. 21215
	23a. B	URIAL, CREMATION, REMO	OVAL 23b. DATE	23c NAME	OF CEMETERY OR CREMATOR	RY 23d LOCATION CITY OR TOWN	COUNTY STATE
		BURTAL	12-20-	-86 LOUD			BALTIMORE MD
		INERAL DIRECTOR AIGHT FINERAT	HOME COM	ADDRESS		EC 2 2 1986	EGISTRAR'S SIGNATURE
		ALGHT FUNERAL	HOME SYK	ESVILLE, MD	21/84	LUZZ 1900	in Division 1
		March L. Control				0	

DHMH - 16 60M 7/84 (VRA 15, 4)

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DIRECTOR

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MPORTANT

direct

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DATE OF BIRTH

MONTH

	REG. NO.				
1.	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOU	RZ
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
+	92 YRS.	MONTHS	DAYS	HOURS	MIN
	9. BALTIMORE CITY OR COUNT	Y OF DE	ATH		

ACK 70. BIRTHPLACE (STATE OR FOREIGN 75. CITIZEN OF WHAT COUNTRY? COUNTRY) U.S. Va.

13b COUNTY

GEDRAF

4 RACE

Bon

MIDDLE

(IF YES, GIVE WAR OR DATES)

MARRIED T NEVER MARRIED WIDOWED DIVORCED

YES T

IN CITY OR TOWN OF DEATH City Balto.

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Secours USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto.

2104 ROSE dale 13d. INSIDE CITY LIMITS? NO [

Balto.

120 USUAL OCCUPATION

MIDDLE

(TYPE OF WORK FOR MOST OF WORKING LIFE)

INDUSTRY

12b. KIND OF BUSINESS OR

MD

IVIC . 14 FATHER'S NAME

(YES, NO OR LINKHOWN)

130 STATE

FOR

3. SEX

STATE

REGISTRAR . DECEASED NAME (TYPE OR PRINT)

LAST

Ruckert Loui

15. MOTHER'S MAIDEN NAME

George Bagwel 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO

ADDRESS 17 INFORMANT

2104 Rosedale St. Bagwell Lucv

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far to), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

19a DATE OF OPERATION

21b. TIME OF INJURY HOUR A.M.

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

MONTH DAY YEAR P.M 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 21f LOCATION STREET

CITY OR TOWN COUNTY STATE

saw the decear duplier on 11 3 0 obber 11 war did fild not view the body after death 77% SIGNATURE

DEGREE ATTENDING PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF

a

27e ADDRESS

230 BURIAL CREMATION REMOVAL 73h DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

DIRECTOR PHYSICIAN

COUNTY STATE

24 FUNERAL DIRECTOR

/ SPECIEY

CERTIFICATION

MEDICAL

REGISTRAR 256 REGISTRAR'S SIGNATURE TO PATEREC'D. BY

DHMH - 16 60M 7/84 (VRA 15, 4)

1282 So prairies for second disposition Chicago of the copease (classical) 28100 See an exiter of the Local SEC 2 1 200 1 2010

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	
LAST	20.

				SIAI	E OF MAKILAND	- The state of the	4 .	13 0	par .	(3)
1.	FOR STATE				EALTH AND MENTAL HYG	IENE O	O .	1	o-48	
3 8	TREGISTRAR Edna			CERTIF	ICATE OF DEATH	REG. N	0			
I. DE	CEASED NAME FIRST		MIDDLE		LAST		MONTH DAY	YEAR	Zb. HOU	IR
(TYPE	Edna Edna		27	72.	V		101-1			
			N.	-	Ker			36	5	/T M
3. SE	× 0- 1	RACE	White	DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	R 24 HRS
	temale	CON	C	4	19 16	70	YRS	VIHS DATS	HOURS	MIN
	IRTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	F DEATH		
N	Maryland	US	SA .	WIDOWI		Baltimore	e City			MD
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	F BUSINE	ESSOR
	Baltimore /				Medical Center			INDUSTRI		
USU 13a	AL RESIDENCE (IF NURSING HOME OR OT STATE 1136 COUNT)	HER INSTITUTION	GIVE RESIDENCE BEFORE A	DMISSION)	A 124 INICIDE CITY (INITED	La CENSEE ADDRESS				
100	1.000	imore	Dundalk		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 7302 Sc	nool La	ne '	21222)
14 FA	ATHER'S NAME	2111020	T darace Tit		15. MOTHER'S MAIDEN NAM		1001 114.	116 2	11222	2
) 7		DLE	LAST	~	FIRST	MIDDLE		LAS	šΤ	
-	underson	J.	Hoffmar			a Sollers				
	WAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (IF YES, GIVE W		166 SOCIAL SECURI	TY NO.	17 INFORMANT	ADDRI	:SS	1	21222	2
	No	1.3	262-40-897	71	Anderson J.	Hoffman,	Jr. 73	00 Sch	nool	Ave
	18 CAUSE OF DEATH (Enter only	one couse per	r line far (a), (b), and (c1.1				APPROXI	MATE INTER	RVAL
	PART I. DEATH WAS CAUSED BY:									
	IMMEDIATE CAUSE (0) CATOLO CESTITATORY CHIEST.									
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which (b) out the emberus									
	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying cause lost.									
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OF CON	DITION GIVEN	IN PART 1/4	0.1	
S						THE BIOLAGE ON CONT	211011 011211	II TAKI IK		
CERTIFICATION	19a DATE OF OPERATION	19h COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	/EDE EINIDIN	ICS HEEF	
FF			morrow memor	LKAIIO	TO WASTERI ORMED	4.4	IN CERTIFYIN	IG CAUSES	OF DEAT	H?
E						YES NO	YES [NO []
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME C	OF INJURY .M. MONTH DAY	YFAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)		
M	(IF EITHER, NOTIFY MEDICAL EXAMINER)		м.	19						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION					
×	WHILE NOT WHILE T	(AT HOME, ST	REET, FACTORY, OFFICE, FARA	M, ETC.)	STREET	CITY OR TOWN COUNTY STATE				ATE
	220.1 certify that (I) (this haspital) ottended th	e deceosed from			to	. 19		that (1) (w	ve) lost
	sow the deceased alive on		19		nd that in (my) (our) opinion d	leath accurred on the de				
1	abave, (I) (we) (did) (did nat) v 22b. SIGNATURE	iew the body	after death.		DEGREE					
1	27. SIGNATURE	f			ATTENDING	MEDICAL STAF	e	22c. DATE	SIGNED	
	Maney W.	Miam	D MT		PHYSICIAN [DIRECTOR PHYSIC		12/	3/86	,
	224 PHYSICIAN'S NAME (TYPE OR PE	INT)			22e ADDRESS					
	Nancy Wi	lliance			France Soul	ley medical Co	2-6- R	alto mo	-1	
23c. 8	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NA	ME OF C	EMETERY OR CREMATORY	123d. LOCATION	mer Ju	VIOINC		
(SPECIFY)					CITY OR TOWN		UNTY	STA	TE
24 FI	Burial JNERAL DIRECTOR Duda - Du	1-3-8		ltin		Baltimor	e Mary	Land	1105	
27 (NAME DIRECTOR Duda-Ru	ck Fun	eralome	of I	undalk De DATE	REC'D. BY REGISTRAR	256 REGISTRAF	SSIGNATI	URE	

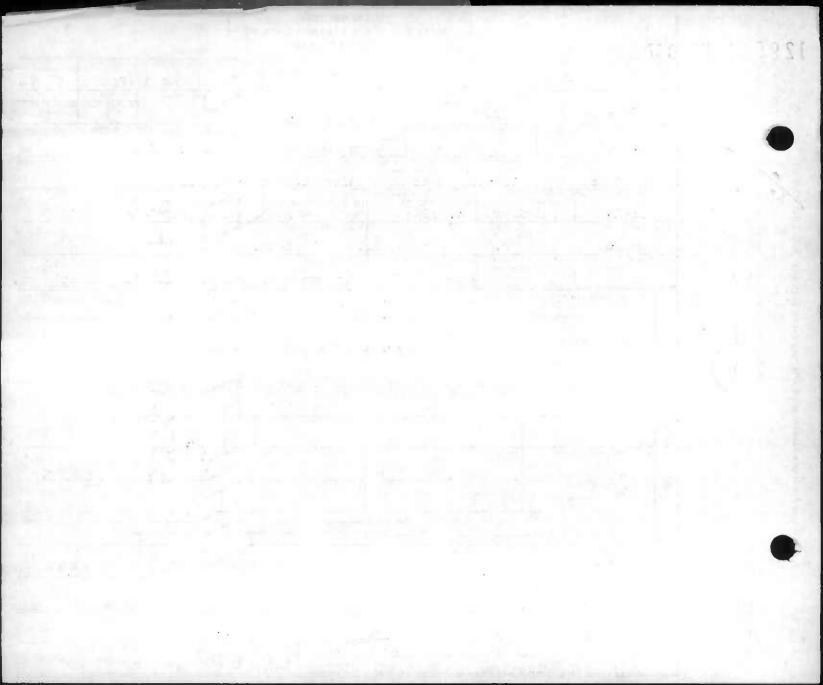
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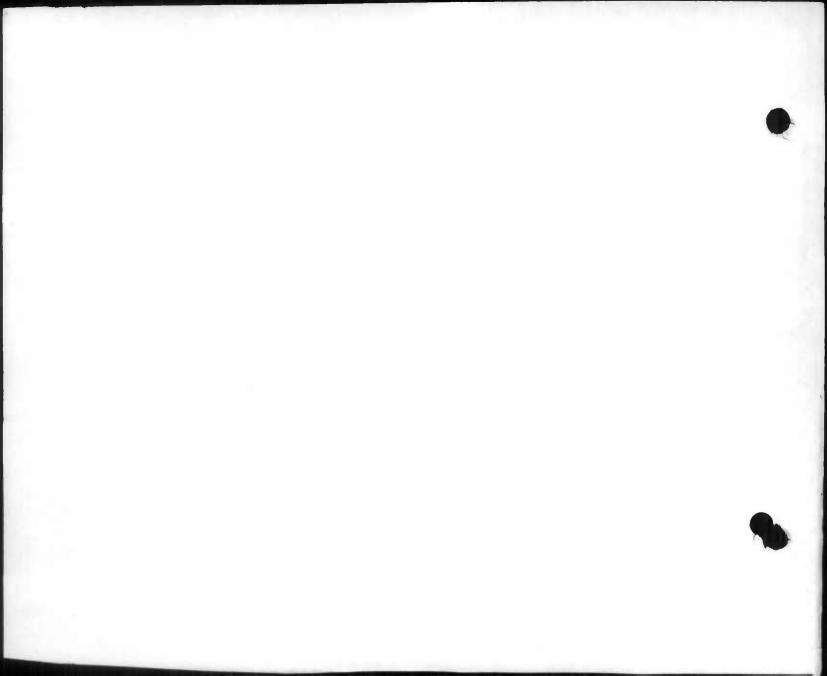
BP. DHMH - 16 60M 7/73 (VR A 15 (4))

7922 Wise Ave.

Dundalk, MD



Void Certificate #86-34127



DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

10	- Q TEGISTRAR		GENT III	TEATE OF DEATH	REG. N	٥.		
	DECEASED NAME FIRST Lesli	e Norwood		c, Sr.	12-27-86	MONTH DAY YE	2b. HOUR 10P.M.	
1	SEX	4 RACE	S. DATE O	·	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I	YEAR IF UNDER 24 HRS	
	Male	White	MONTH	14-1901 YEAR	85	YRS.	DATS HOURS MIN.	
170	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY2 8		9 BALTIMORE CITY O		Н	
	Md.	U.S.A.	WIDOW	ED NEVER MARRIED DE DIVORCED	Balto. Ci	ty	MD	
10	Balto.	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST C	ON 126. KIN F WORKING LIFE) INDUS	ND OF BUSINESS OR STRY Worker	
	UAL RESIDENCE (IF NURSING HOME OF 13b COU	INTY 13c CIT	DENCE BEFORE ADMISSIONS Y OR TOWN alto.	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 7	ZIP CODE	21234	
14	FATHER'S NAME FIRST Vernon	MIDDLE	LAST P	15 MOTHER'S MAIDEN NA Elizabeth	MIDDLE	Unknown	n LAST	
16	WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
	(YES NO OR UNKNOWN) (IF YES, G	1VE WAR OR DATES)	-01-3680A	Sophie Bake	r, Same as 1	3e		
	cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT III DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	(c)CONDITIONS CONTRIBU	ONSEQUENCE OF UTING TO DEATH BUT		ERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 10b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI			
MEDICAL CERTII	OR COLUMNIA COLUMN OF A	HOUR A.M. MG ER) P.M. 21e PLACE OF INJU	ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	YES NO			
	220 I certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did results) SIGNATURE	on view the body ofter de	eoth. 19 8C., o	22e. ADDRESS	MEDICAL STAI	22c. D	that (I) (we) last n the couses stated DATE SIGNED	
-		Aquino, M.D.		8713 Harfor				
	Entombment	12-31-86		cemetery or crematory	Balto.,	Md.	STATE	
2	Leonard J. Ruck	Inc.,5305	Harford Rd	0.0	C 3 1 1986	Julia Dande	-A .	

				The state of
	- 1	.=1 ;		
		THE GALLS		
	Milia .osiu		.4.6.3	15 M 15 3
	official and	.026	v-(sad) diff	offin 2
HERE MA	estants of		or fuß	
		all sense of TB		
			all as the second	
	100		in the state of th	o caracti
	. Lot FeET		Helps:	

committed of the part of the darkers of the

pletely filled in by the funeral director, page 3 mpl 2 should be filed within 72 hours ofter death

STATE OF MARYLAND

1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO.									., .,
-	L PEC	GASEDNAME FIRST DEL	BBIE Station	BH	AKER		MONTH DAY 12 3	YEAR 86	26 HOUR
	3. SEX	Female	Cauc.	5. DATE O	DE BIRTH	6. AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HR
	N	orth Cardina	TE CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	DIVORCED	BALTIMORE CITY O BALTIMO	RE C	ITY	MD.
0	BI	ALTIMORECITY	LIBERTY ME	DICI	AL CENTER	CTYPE OF WORK FOR MOST OF	F WORKING LIFE)	DUSTRY	file
5	13a. Ş	AL RESIDENCE (IF MURSING HOME OR 136 COUNTY)	Malk or		YES NO	3. STREET ADDRESS	FULTON /	Avenu	103
C)	Cannie	Stattor	1	15 MOTHER'S MAIDEN NAM	WIDDLE	4	reathe	1564
1	16a. W		AED FORCES? 166 SOCIAL SECU WAR OR DATES) 223-20	3608	JUSTON BAN	Ker 909 Jix	H. Street	? Dans	ville, Va.
	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost	y ane cause per line far (a), (b), and BY, E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO (PUL ENCE OF	lower loc	assest Le-price	LIM OUT ON GIVEN IN	D PART 11a	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
7	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	11e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	12-3 19	0.5	DEGREE ATTENDING PHYSICIAN	MEDICAL STAIL	FF _		
		SHER A	HASHMI		2600 LIBE	RTY THE	Bich	212	FUTER
	(URIAL CREMATION, REMOVAL SPECTO INTERAL DIRECTOR NAME	12 06 86 236 P	NAME OF C	Me Mond Gall	23d. LOCATION WN IFI	25h, RESHSTRAR	Allen V Ja	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

O FUNERAL DIRECTOR: After this certificate has been sign thould be detached for use on the hostof-transit permit. Then with the State Dust, or Health and Marital Hygiens prior to bi

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

					REG. N	0.				
	ECEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR			
	MARY		\$	AKER		12/6/86	3 8 5 76M			
3. SE	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR					
	F	B	MONTH 6	119/34	52	YRS.	TS HOURS MIN.			
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8.	NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEATH				
	va.	1. S.A.	WIDOWE		RATINGEE	CITY	MD.			
10. 🤇	LY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO			120. USUAL OCCUPAT	ION 12b. KINI	D OF BUSINESS OR			
5	BALL	(IF NOT IN SUCH FACILITY, GIVE		THE CORNE	ITYPE OF WORK FOR MOST C		RY			
4451	JAL RESIDENCE (IF NURSING HOME OR	LMMCD 20011		edicac cantak	BAKERY					
	STATE 136 COUN			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE_				
1	VID -	KAL	to.	YES NO	23/6 (20)	VICET AUR	21218			
14.F	ATHER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NA						
	FIRST	DADK	4	Marcheret	WIDDLE	M	LA ICC			
16a	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	ESS	ARICS			
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	0/1/3/1	Cir. Bour	-0 2011	on it A.	10 7/7/0			
	700	160	7-49/1	DIDNEY PHICE	x d316	sured 1	E. 912/8			
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (o), (t	/			BETWE	ROXIMATÉ INTERVAL EN ONSET AND DÉATH			
	IMMEDIATE CAUSE (a) PULMONIRY EMBOLUS									
	DUE TO, OR AS A CONSEQUENCE OF									
Ī	Conditions, if ony, which									
	gove rise to immediate									
	underlying couse lost	couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF								
	(c)									
z	PART 2 OTHER SIGNIFICANT C	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
₽	YOUTE KENDL	FAIGURE, N	AETUBO	LIC ACIDOS	13					
S	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN				
-E					YES NO	YES	NO 🗌			
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)			
¥	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR							
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATION						
WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	STREET	CITY OR TO	OUNTY COUNTY	STATE			
	AT WORK AT WORK				- //					
	22a.l certify that (1) (this haspital) attended the deceased from 12/6 , 19 6 , to 12/6 , 19 8 , that (1) (we) lost									
	sow the deceased alive on 17/6 1986, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
	22h SIGNATURE	1 1		DEGREE		22c. DA	TE SIGNED			
	Mial Fal	burn A		ATTENDING	MEDICAL STA		6/86			
1	22d PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e. ADDRESS	_ DIVECTOR [] FIII 210	HELF ELL				
	NEAL T	TAVIMA		LOUIN EKSTEN	DAY AUT R	mon un.	71774			
	INCAL I.	חרוואחו		1140 010 BK	IN DUE B	MUID, MIN	61667			

23c NAME OF CEMETERY OR CREMATORY

BALTIMORE

IMPORTANT: If He

230 BURIAL, CREMATION, REMOVAL BURITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, m 21 is morked or Item 18 shows any

TO HOSPITAL OR ATTENDING

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR E. NORTH AVE 1101

12 11 86

23b. DATE

CEMETER BALTIMORE 250. DATE RECID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

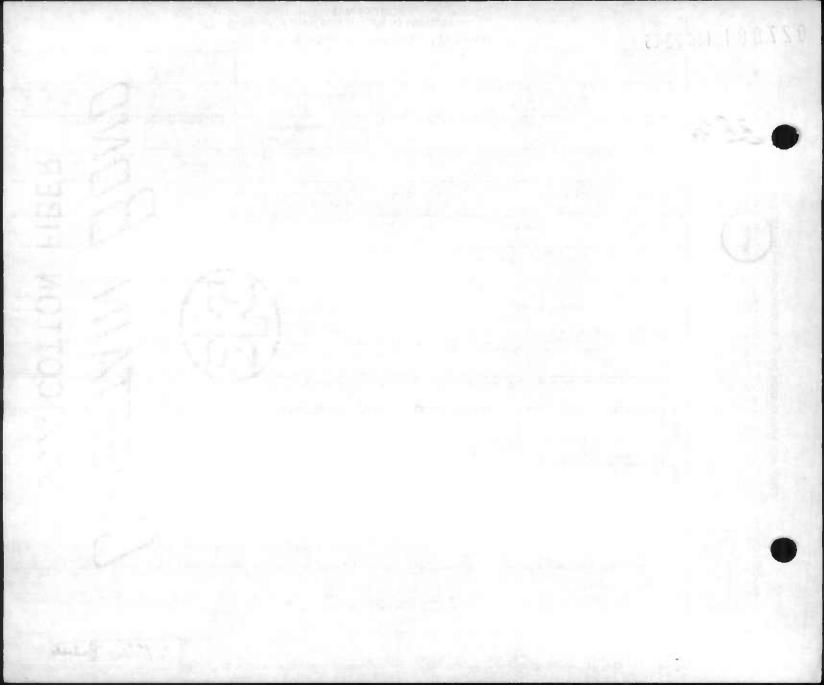
23d. LOCATION

CITY OR TOWN

STATE

COUNTY

(VR A15 ME (5))



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	O
CERTIFICATE OF DEATH	

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J		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	/	AST MAKE MITTERS!	and H.	13	AKER	20 DATE OF DEATH MONTH	4 86 10.10 M
3	3. SEX	MALE	4. RACE WHITE	S. DATE C	DE BIRTH DAY YEAR Z Z Z Z Z Z	6. AGE (INYEARS LAST BIRTHDAY) 50 GR8 YRS	
cii	į C	RTHPLACE (STATE OR FOREIGN OUNTRY) ARYTAND	76 CITIZEN OF WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED X	BALTIMORE BALTIMORE	MD.
-	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE BON SECOURS	NG HOME C		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING *******	12b. KIND OF BUSINESS OR
20.00	13a S		TIMORE BALTIM	WN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO KEY CIRCLE	21201 NURSING HOME
1		THER'S NAME FIRST HENRY	MIDDLE BAKER		IS. MOTHER'S MAIDEN NAMELIZA	MIDDLE	BAKER
		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV NO	/E WAR OR DATES)		MR. HUBERT	FROSTBURG, BAKER, 349 AL	LEGANY ST.
		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), a ED BY: TE CAUSE (a)		monARY	ARREST.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	JENCE OF	y TRACT	T INFECTI	000
	NOI		conditions contributing to		NOT RELATED TO THE TERM		SIVEN IN PART Iros
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
1		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2}
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	FARM, ETC.	211. LOCATION STREET	A CITY OR TOWN	COUNTY STATE
		saw the deceased alive an	at latended the deceased fram 12 - 4 - 19 at lyiew the bady after death.	86,0	nd that in (my) (aur) apinian o	, tadeath accurred an the date and h	19 36 , that (I) (we) last naur and from the causes stated
		226. SIGNATURE	pelka			MEDICAL STAFF DIRECTOR PHYSICIAN	12-4-81.
		SURJIT S	JULKA	mD.	Bon Sec 0	`	AL, BALTIMORE
	- (URIAL, CREMATION, REMOVAL SPECIFY) URTAT.	23b. DATE 23c		TCHARTIS CE	23d. LOCATION CITY OF TOWN FROSTBURG	ATJEGANY MD
	24 FL	INERAL DIRECTOS OWERS	FUNERAL HOM	3	25a. DAT	OFC 0 1986	
	R- 61	CULII CONTRACTOR				THE STATE OF THE S	The state of the s

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028781 (tc)1438-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REGISTRAR			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	TURIL OF D		REG.	NO.				
1	1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
1	SYLVES	TER		BA	NKS			12	5	86	10:2	29 R
1	1 SEX	4 RACE		5 DATE (OF BIRTH	YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE	DAYS	IF UNDER	24 HR5 MIN
1	MALE	BLACK		6	H BAY	44	75	YRS.		UAIG		
4	0. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER A	AARRIED	9 BALTIMORE CITY		Y OF DE	ATH		
4	MARYLAND	us		WIDOW	ED DI	ORCED	CIT					MD.
)	BALTIMORE	GRANA	HOSPITAL, NURSING HEACILITY, GIVESTREEL DA NURSIA	IG HO		ITUTION	(TYPE OF WORK FOR MOS RETTRE			KIND OI DUSTRY	F BUSINE	SS OR
	SUAL RESIDENCE (IF NURSING HOME OF 130, STATE MARY LAND	OTHER INSTITUTION	BALTIMOR	ADMISSION)	13d INSIDE CI		130 STREET ADDRES	NTWORT	H RO	AD	2120	07
2	THOMAS	MIDDLE	BANKS	3		MAIDEN NA/	ME MIDDLE	UN	KNOW	IN LAST	ı	
	160 WAS DECEASED EVER IN U.S. AR OR UNKNOWN) (IF YES, GIVE	MED FORCES? (WAR OR DATES)	212-10-8		17 INFORMA CHART		ADD	DRESS				
	IA CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per D BY:	line far (a), (b), and	lic ·	100	Λ	dia	20	В	APPROXU SETWEEN C	MATE INTER	DEATH
	IMMEDIAT	E CAUSE (a)	(,0)	NO	10 MAIN	V m cv	y COV1	2010	-			
1	Conditions if any thick	DUE TO, O	R AS A CONSEQUE			100	T O	1000ac	,			
1	Canditians, if any, which gave rise to immediate cause (a), stating the	(p)		Char	MILE	1000	i c	4				
1	underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCEOF	0	anta.	hout	Clina	4.0			
	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	DNTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN F	PART 1(c) 1	
	NOI											
1000	90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFO	RMED	20a AUTOPSY? YES NO	IN CERTI	S, WERE FYING C ES	AUSES	OF DEAT	H?
2	OR CONTRIBUTION CONTRACTOR OF DE	21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF IN	HURY IN ITEM 18.	PART I OR	PART 2)		
4	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P. 21e PLACE		19	21f LOCATIO	N						
	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	,,,,	CITY OR 1	NWOI	cou	INTY	ST	ATE
	220.1 certify that (I) (this haspi	tal) attended th	deceased fram	0 -	15-	19 86	, to 2-	4-	19 67		that (I) (v	
1	saw the deceased alive an abave, (1) (we) idid) (aid no	0	- 60 19	66,0	nd that in (my)	(aur) opinian d	death accurred on the	date and has	ur and fi	ram the a	causes sto	ited
	22b. SIGNATURE	MN			DEGREE	TTENDING	MEDICAL SI	TAFF	22	c DATE	SIGNED	7-87
4	AND BUNGISHANG NAMES	000			F	PHYSICIAN [DIRECTOR PHY				OC.	00
	22d. PHYSICIAN'S NAME (TYPE O	A-IR	M.D		22e ADDRES	5010	YORK	Road	4	MO	213	12.
	230 BURIAL, CREMATION, REMOVAL	23b. DATE		AME OF C	EMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN		COUNTY	1	STA	TE
	CREMATION	12-9-8	6 WE	STVI	EW CEMT		BALTIM			RYLA	A1 . 7 B	
	24 FUNERAL DIRECTOR		ADDRESS			DE C	E REC'D. BY REGISTR	AR 255, REGIS	ment 6	SIGNATI		
	E.L. PHILLIPS	1721	NORTH MON	IROE :	STREET	OL	7 0 1000	Gusta	BC/ Sport	-40 Jr. 9	Commercia:	parily

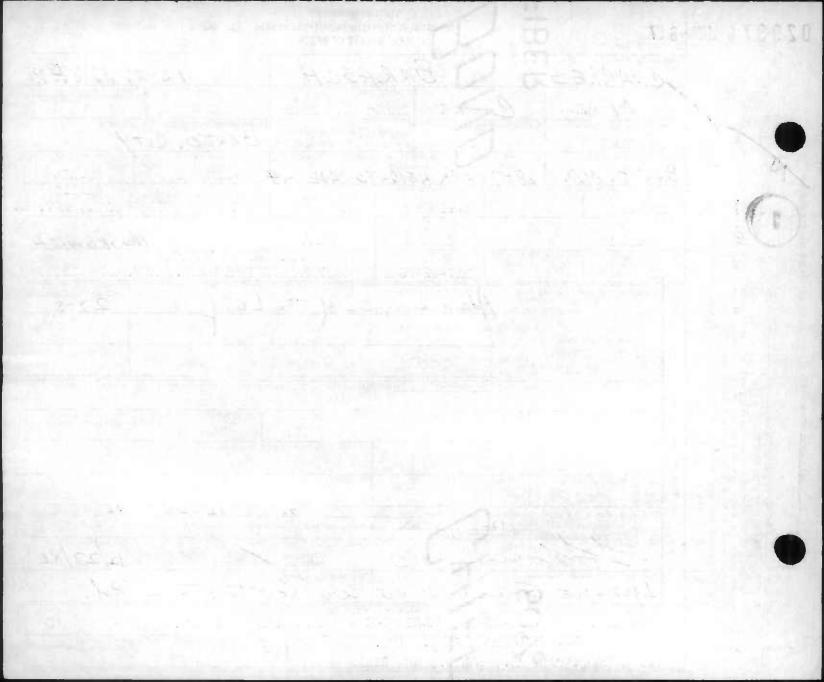
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR, After should be detected for use on with the State Dept. of Health

TO HOSPITAL

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

MPORTANT, II IN



2647	3 DEC -9	186	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 3 0	34133
e o	ge 3		CEASED NAME FIRST Helen	Sarah	Barbour	20. DATE OF DEATH MONTH	198 (2 4:48 AM
де 4 поу	ector. pag	3. SE	Female	* *ACaucasian	S DATE OF BIRTH MONTH DAY - O Y	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. S.
O d	60		RTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	
201	90	1	A Plata, MB	Meridian	Vursing Center	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	Home
AND 23	BS BS	130. 5	MD ST	11. /	YES X NO	Cedar Lane Apt	1. 1. 1.
E, MARYL	Somplete 1 and 2		Charles F	MED FORCES? 166 SOCIAL SECU	IS. MOTHER'S MAIDEN NA FIRST Minnie RITY NO. 17. INFORMANT	MIDDLE	DAMERON
LTIMORI be exec	tion and ers. Pages		N G (IF YES, GIV	(A) 578-48-	4336 HAROLOL. Barl	2001 1391 DAK	lechanicsuille MD DC 20659 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that I th	i by eose mos consi op ol, critici i misvo ir other i mismisi i mis,		PART I. DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.		19 oscala 19 oscala 19 oscala	iledu hAS	BETWEEN ONSET AND DEATH
RECORDS, 20	s been signed ermit. Then pl prior to burn s ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT (DEATH PLINOT RELATED TO THE TERM	20a AUTOPSY? 20b IF	GIVEN IN PART 110 YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
VITAL N. The hysicion	certificate ho miol-transit pe ental Hygiene frem 18 shaw		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES NO 18 PART 1 OR PART 2)
DIVISION OF WAS PHYSICIA offending ph	fter this ce os the buri th ond Mei	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDIE	d for use of Healt m 21 is mx		sow the deceased alive on above (II) (we) (did alid find	tol) attended the deceased from_	and that in (my) (our) opinion	death accurred on the date and	
PITAL OR	ERAL DIRI e detoche Stote Dep ANT: If Iter		22d PHYSICIAMS NAME APPLO	RPRINT)	DEGREE ATTENDING PHYSICIAN (2) 720 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12/7/36

231 NAME OF CEMETERY OR CREMATORY

Burial Suitland Cedar Hill Cemetery 12/12/86 AH-16 60M 7/84 PUNERAL DIRECTOR Lee Funeral Home, Inc.
(VRA 15, 4) 6633 Old Alexander Ferry Rd. Clinton, Md 20735 DHMH - 16 60M 7/84

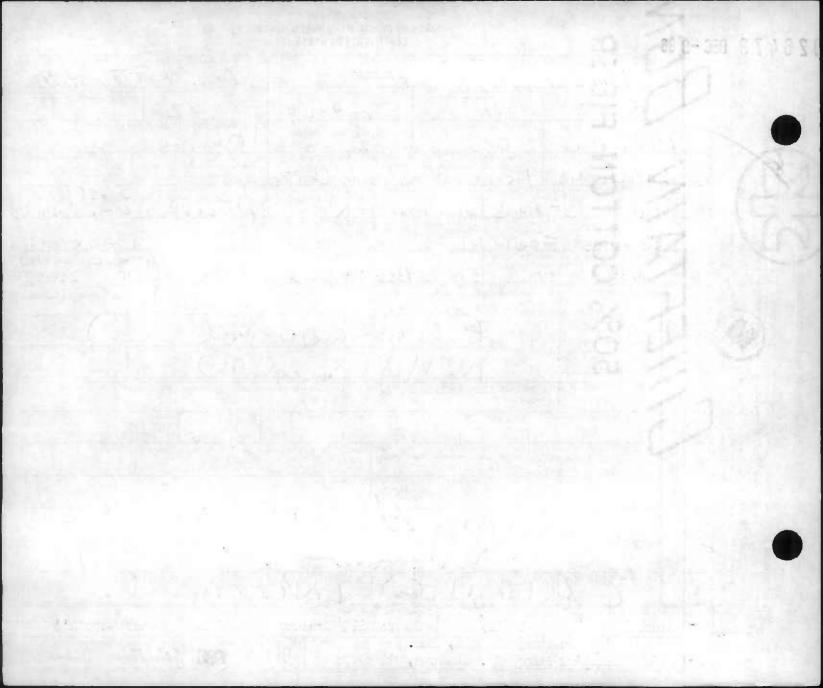
23b DATE

230 BURIAL, CREMATION, EMOVAL

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
DEC 8 1986 Julia Davidson-Randous

Prince George's Md

23d LOCATION



STATE OF MARYLAND

Dic	12	FOR STATE RECURRAN		DEPAI	RTMENT OF H	E OF MARYLAND LEALTH AND MENTAL H ICATE OF DEATH	YGIENE S S	3 4 1	3 1
1.	DEC	EASED NAME FIRST GENEVA	CORA	BARKER		AST	20. DATE OF DEATH MONT	H DAY YEAR	26 HOUR 2360
3.	SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAY	
11		emale	WHITE		6-2	3-1904	82	YRS.	S HOURS MI
70 G	eo eo	THPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN O	F WHAT COUNTR	8. MARRIE WIDOWI	DE NEVER MARRIED C			,
16		Y OR TOWN OF DEATH 1timore		HOSPITAL, NUR		OR OTHER INSTITUTION	120. USUAL OCCUPATION HOUSEWIFE	KING LIFE) 12b. KIND INDUSTR'	OF BUSINESS C
13	Ma		E OR OTHER INSTITUTION OUNTY	E1KY18		13d. INSIDE CITY LIMITS? YES NO	6620 Washing		21227
30			MIDDLE Samples	LAST		15. MOTHER'S MAIDEN N FIRST Mabel Day	MIDDLE	ı	AST
X		AS DECEASED EVER IN U.S.	ARMED FORCES: GIVE WAR OR DATES)	214 54		Mr. Ellis B	ADDRESS Barker 6620 Was	hington B	lvd. 21
	à	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAI	r only one cause p	er line for (a), (b),	and (c).)			APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEAT
	NO.	cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICATION 9th DATE OF OPERATION	(c)_		O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO	ON GIVEN IN PART	
office.	E .	None			CH OPERATIO		YES NOW IN	CERTIFYING CAUSE YES	S OF DEATH?
7 :	ĕΙ	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER MOTIFY MEDICAL EXAM	DEATH HOUR	of injury a.m. month p.m.	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN 17	TEM 18 PART I OR PART 2)	
1	MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFIC	CE, FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a. I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	on	19), a		, ta on death accurred on the date or	nd haur and from th	
4		22b. SIGNATURE	PE OR PRINT	5	-	DEGREE ATTENDING PHYSICIAN 122: ADDRESS		1 12	1/7
		MARK	MAT.	SUNACI		St Agres	Huspital B	altimore	MD
23	(5	JRIAL, CREMATION, REMOV PECIFY) Burial	Dec.	20,1986	Meadov	EMETERY OR CREMATOR Tidge	Howa	rd Maryla	
	n.c	NERAL DIRECTOR Harry 4112 Old Col	H Witzk	e & Fami	lly Fun	eral Home 250. D	ATE REC'D. BY REGISTRAR 256. R	REGISTRAR'S SIGN	ATURE

027771 100225

Survived Soverd Birchies

Estudence St Agner Homolicate.

total theutencon bivd. 21207

Hedram Samples Mabel Day

214 54 2706 'r. Ellis Barker 6620 Gashington Blvd. 21223

Harry H biltrice 5 Farely Furnant from his g Map a m - way and will old Columbia Pike Hiltour Ciry his his a Ribe a m - way and

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR C REGISTIS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 20. DATE KNOWN DECEASED NAME 26 HOUR MONTH (TYPE OR PRINT) ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET, Christina Genel DEATH MATED Barnes 1619 86 4. RACE 3. SEX 5. DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 20 DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED B DEAD 16 19 86 YRS 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED [DIVORCED Baltimore City, RETAIN PAGE 5 OULD BETNED, W. 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 129 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore 813 N. Madeira UNEMP USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 113b. COUNTY 13d. INSIDE-CITY LIMITS? 130. STREET ADPRESS MADEIRA 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST PAULTNE DAVIS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS DIVISION (YES NO. OR UNKNOWN) PAGES (IF YES, GIVE WAR OR DATES) BLANCHE DAVIS 1717 N. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINERS A LONG WITH THE OF UNRERAL DIRECTOR: A AGIONG WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISIS BATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISIS BATTIMORE, MARYICAND, 21201 PRICRE TO BURRAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) Smoke and soot inhalation DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which apve rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 12+xx House fire 12 1619 86 71e PLACE OF INJURY 711 LOCATION 21d, INJURY OCCURRED WHILE AT WORK AT WORK AT WORK STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 813 N. Madeira St. home Balto MD Inspection X 27a I certify that I took charge of the remains described above, held an Autopsy depth resulted from: Notural causes Homicide Undetermined mpnner TITLE (SPECIFY) ACTUAL 12/16/86 Assistant SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL, CREMATION REMOVAL 23b. DATE 23d. LOCATION 23c NAME OF CEMETERY STATE BURIAL 86 12 20 EASTVIEW BALTIMORE MD 07/84 BP

ADDRESS

FUNERAL HOME 1101

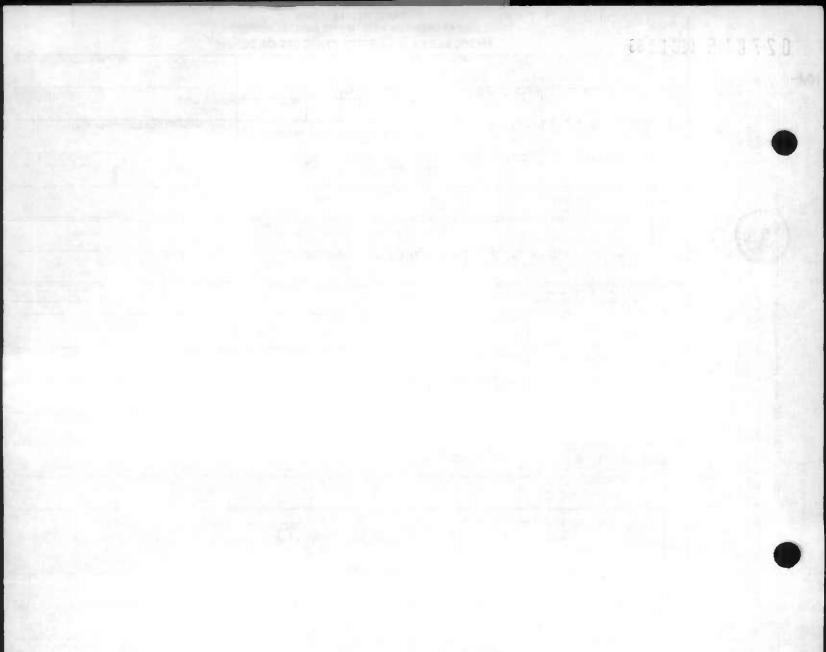
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

25M

DHMH - 17

(VR A15 ME (5))

24. FUNERAL DIRECTOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

EG.	

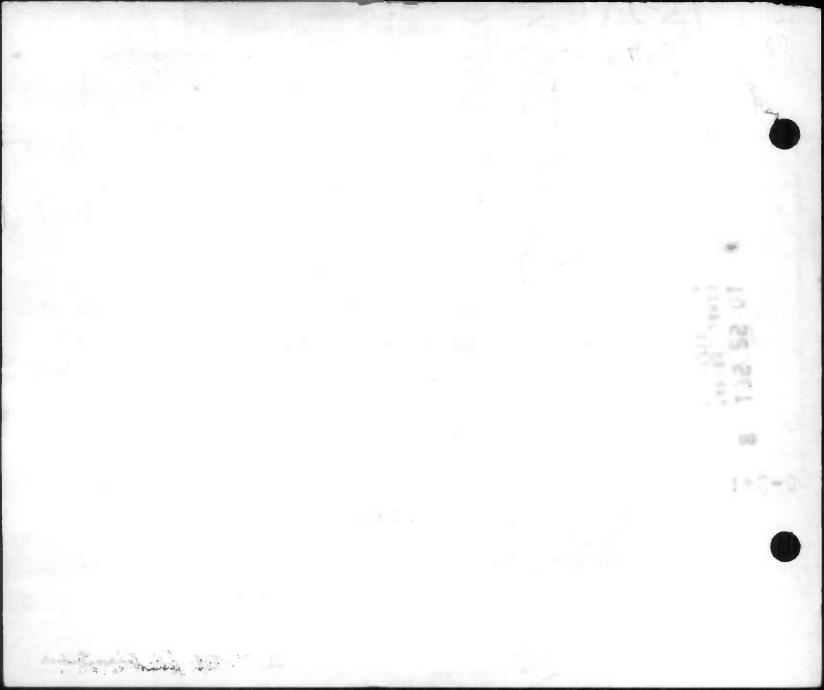
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		FOR STATE DREGISTRAR	DE		EALTH AND MENTAL HYGII ICATE OF DEATH		S = 1 = 5	4
		EASED NAME FIRST	MIDDLE	L	AST	REG. No.	MONTH DAY YEAR 2b H	OUR
1		OR PRINT)	-	6	5	1 .	35 66 2	7 70 m
		Carro		L	arnes JK	/ 6	2 28 86 5	DER 24 HRS
1	3. SEX	1/0/0	RACE /	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UN MONTHS DAYS HOUR	
		MAIL	DIACK	Jul	4 10, 1911	75	YRS.	
4		THPLACE STATE OF FOREIGN 76.	CITIZEN OF WHAT COL	INTRY? 8	M VENED WARRIED []	BALTIMORE CITY O	R COUNTY OF DEATH	1
	C	OUNTRY)	USA	WIDOWE	NEVER MARRIED DIVORCED	BAIT	more CIT	W MD
1	10 CI)	OR TOWN OF DEATH	NAME OF HOSPITAL,	NURSING HOME O	ROTHER INSTITUTION	120. USUAL OCCUPATI		IN ESS OR
4	£	saltimore	(IF NOTHER SUCH FACILITY, GR	HOSP,	ital	Mainten	OF WORKING LIFE) INDUSTRY	
4	13a S	L RESIDENCE (IE NURSING HOME OR OT TATE 13b, COUNTY	HER INSTITUTION GIVE REVIDENT	CE BEFORE ADMISSION) OR TOWN HIMOSE	13d. INSIDE CITY LIMITS?	302 N	Monastery A	29
1	14 FA	THER'S NAME	DOLE A	AST	15. MOTHER'S MAIDEN NAM	E MIDDLE	J _{IAST}	
		Henry	DArne.	5	Ine	Z	1/	0
7			D FORCES? 166 SOCIA	AL SECURITY NO	17 INFORMANT	ADDRI	SS 1317 Aitmor	e Rd
	(A	ES NOODUNKNOWN) (IF YES GIVE W	AR OR DATES) 215-	05-4658	Carroll BI	mner Jr	Balt Md.	21239
ŀ		10 CAUSE OF DEATH (Salar and)		(h) and (a)		.,,,,,	APPROXIMATE IN	NIERVAL
1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	BY.				C BY WEIN ONSELL	11 e
		IMMEDIATE	CAUSE (o)	astati	c squan	ous cove	Concu T men	TAS
1			DUE TO, OR AS A COM	NSEQUENCE OF				
9		Conditions, if any, which	(b)					
7		gove rise to immediate couse (a), stating the	DUE TO, OR AS A COM	NSEQUENCE OF			100	
		underlying couse lost.	((c)					
-		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTIN	NG TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART 110	
1	N O							
4	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS U	
71	FIC					YES NOT	IN CERTIFYING CAUSES OF DE	
4	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURRE			
1		OR CONTRIBUTING CAUSE OF DEATH	110110 4 11 11011	TH DAY YEAR	I THE TIEST IN THE SECONDARY	D LEWIER WATORE OF 1910	RT IN HEM 18 PART I OR PART 2)	
П	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	<	AT WORK NOT WHILE AT WORK						
	-	220.1 certify that (1) (this haspital) ottended the deceased	from		to	, 19, that ((we) last
		sow the deceased alive on above, (1) (we) (did) (did not v	- AC-L-3 - 44 141	19, an	d that in (my) (our) opinion de	eath occurred an the d	ote and hour and from the couses	stated
		22b SIGNATURE	view the body offer deoff		DEGREE		22c. DATE SIGNI	ED
		V. H F	- 1		ATTENDING .	MEDICAL STA		180
-	8	22d PHYSICIAN'S NAME CTYPE OR PI	nerd		PHYSICIAN 1	DIRECTOR PHYSIC	IAN DE PAJOLU	00
		220. FITTS CIAINS INAME (TIPEORPI	KINI		226 ADDRESS			
		Keith Fr.	rend					
1		OF CIPMI	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
						CITT OR TOWN	COUNTY	SIMIL
	(:	Burial	1-2-87	Warre	n Cemeterv	Martins	burg, Monta.	MD
		Burial	1-2-87 den Rockvi		n Cemetery	Martins REC'D. BY REGISTRAR	burg, Montg. 25b REGISTRAR'S SIGNATURE	MD

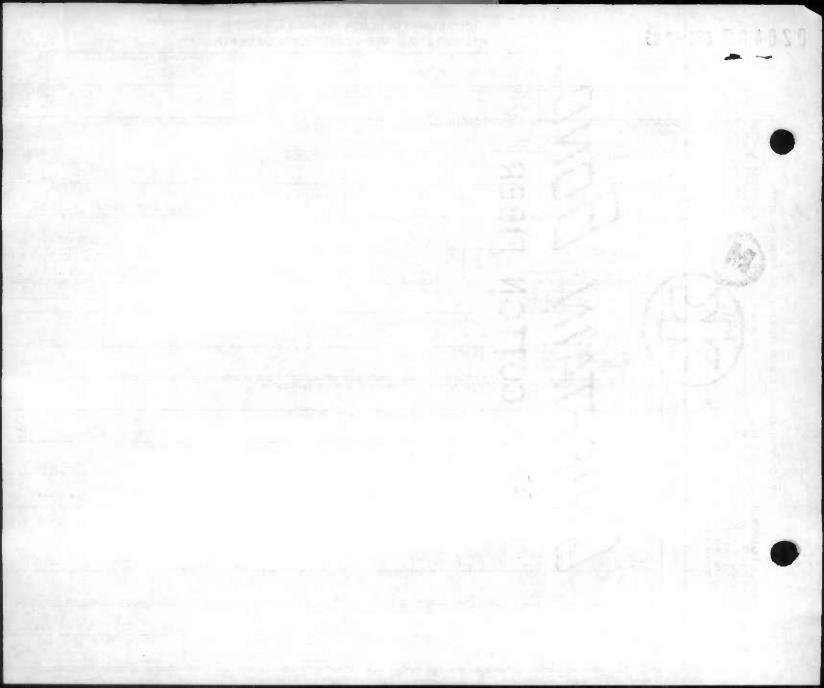
DHMH - 16 60M 7/B4 (VRA 15, 4)

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5 028934 J	N -	FOR STATE RECHSTRAR			DEPARTA	CERTIF	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	L HYGI	REG. NO		4 1	4 3
. ME		OR PRINT)	RST	MIDI	DLE		AST		20 DATE OF DEATH		DAY YEAR	26. HOUR
1000	1 050		MES 4 RA	N.		BAR			DECEMBER 28		IF UNDER 1 YEAR	11;30A M
AH X	1 SEX	Male	ě E	Black		MONTH MONTH	OAY YEAR		. 75	YRS	MONTHS DAYS	HOURS MIN.
A to the country of t		RTHPLACE (STATE OR FORE OUNTRY) Md.	GN 7b. CI	USA	HAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED		BALTIMORE CITY O	_	OF DEATH	MD
officed with		LTIMORE		NAME OF HO	ACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	7	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O			OF BUSINESS OR
ed within 24 hours anotherly filled in b so should be fil	USUA 130. S	L RESIDENCE (IF NURSING	SOUNTY S	INSTITUTION, GIV		ADMISSION) N	13d. INSIDE CITY LIMI VES NOTHER'S MAIDE FIRE CES	NNAA				21234
Poges 1	16d W	AS DECEASED EVER IN	U.S. ARMED FYES, GIVE WAR		b social secu 18–12–0		17 INFORMANT Delores Ca	arte	ADDRE er 775 MrKev		ve.	
to the the death terrified with a py and the control of the contro		Canditians, if any, wigave rise to immed cause (a), stoling underlying couse	mediate CA	DUE TO: OR A	CONSEQUE CONSEQUE	NCE OF		0	<i>lailure</i>	DITION GIV	5 N 27 1 N	male interval onset and death www.cs w/cs w/cs
LASI, The Iber Tequity physics and the county of the count	AL CERTIFICATION	190, DATE OF OPERATION 190, DATE OF OPERATION 190, ACCIDENT WAS UNDERLOOK CONTRIBUTING CAUS	YING :	19b. CONDITION 19b. CONDITION 21b. TIME OF I HOUR A.M.	ON FOR WHICH	OPERATION SYNCLEY YEAR	N WAS PERFORMED REGUMENT	Hi	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDI FYING CAUSES	NGS USED
DIVISION OF THE SECOND OF THE	MEDICAL	(IF EITHER NOTIFY MEDICAL I 21d. INJURY OCCURRED WHILE AT WORK 120.1 certify that (I) (th			, FACTORY, OFFICE, F	ARM EIC)	21f. LOCATION STREET	810	CITY OR TO	wN	COUNTY	STATE that (I) (we) lost
TAL OR ATTEN by the hospital RAL DIRECTOR detoched for unose Dept. of Hi		sow the deceosed above, (I) (we) (did)	dive on the	wither body aft		_	DEGREE ATTENDII PHYSICI.	ING	MEDICAL STAF	FF L	27c. DATE	
TO HOSPITY retained by to FUNERS should be do with the Sho	22 -	MONE	1HVN	/	Lag	LAMP OF	JOHNA JOHNA	He	Mad LOCATION	toop	Hak	
BP	(URIAL, CREMATION, RE/ SPECIFY) ในทำล.ไ		1/2/86			emetery or crematal	ORY	Balto.	Cor	county	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		Wm. C. Marc							C 3 0 1986			P-Lock



MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH MINOLA Jane BARNHART STATE S	020	1 0 E DEC		r Uk		G-622 1	2/23/86	EPART	STA MENT OF		ARYLAI AND M		YGIENE			tongs	4		
MINOLA Jane MI	UZD	4 U D DEC		17			MED		EXAMIN	ER'S	ERTIFI	CATEO				_	4	1 4	
STATE OF BETTH STAT	~		1. DE	CEASED NAME E OR PRINT)							LAST	TA TOET	2	o. DATE OF	KNOWN ESTI-	MONT	H DAY	YEAR	26 HOUR
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Baltimore Continue in the co		S S S S S S S S S S S S S S S S S S S	A	2														ND OF BI	MD.
SET APTHER'S NAME Mode Manual	4	を開発を					(IF NOT IN SUCH FAC	ILITY, GIVE S	TREET ADDRESS)			TION	FOR MI	OST OF WOR		THE OF WOR	0	RINDUST	RY
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Melvin A. Barnhart Minola Anderson Melvin A. Barnhart Minola Anderson Mi	D. 2	FAG TA				Callu	T.T.	Wes	CIIIIIISC	E1				Sta	cey 1	лее п	TIVE	21.	177
The Was Deceased Ever NU.S. Abmod Forces? 18th Social Security No. 217-78-0771 3808 Burmont Road Randallstown, MD.21133 180	, N	神色のうし	0	FIRST		M		Ra	-			FIRST	, . , . ,	M	IDDLE	Δ	nder	COD	
NO 217-78-0771 3808 Burmont Road Randallstown, MD.21133 CAUSE OF DEATH (Enter only one course per line for (o), (b), ond (c) PART I DEATH WAS CAUSED BY MULTIPLE INJURY OF COURSE to Multiple injuries Multiple injurie	80		16a. V	VAS DECEASE	EVER IN		FORCES?			Y NO.			. and	Mrs	ADAPSE				
PART I DEATH WAS CAUSED BY MANDAITE CAUSE (a) Multiple injuries	5	世界語	{Y		WN) (II	FYES, GIVE WAR	OR DATES)	21	7-78-0	771									21133
PART IDEATH WAS CAUSE OBY PART IDEATH WAS CAUSE OBY DUE TO, OR AS A CONSCOUENCE OF Conditions, if ony, which gove rise to immediate couse (c) storing the under Lying couse lost. (c) TART 2 DIRECTION THE DATE OF OPERATION THE DATE OF OPERATION THE OF INJURY HOUR AM. MONTH DAY YEAR CONTRIBUTING COUSE OF DEATH TO 300 By ALL SUBJECTION THE DATE OF OPERATION THE DATE OF OPERATION THE DATE OF OPERATION THE OF INJURY HOUR AM. MONTH DAY YEAR CONTRIBUTING COUSE OF DEATH TO 300 By ALL SUBJECTION THE STEFFINAL CAUSE OF DEAT	3	S W S L D		18 CAUSEO	F DEATH ((Enter only o	ne couse per line	for (o), (b), ond (c).)								A	PPROXIMAT	E INTERVAL
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Substitute Sub	9.8	E SE					(b)												
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The external cause was underlying and course of death 10:30 Am 12-2-86 driver of an auto in collision with another at work at	20	ENAMA S			- 4		(c)												
The external cause was underlying and course of death 10:30 Am 12-2-86 driver of an auto in collision with another at work at	ORD	ENGA A BILLY	z	PART 2 OTHER SI	GNIFICANI CI	ONOITIONS CONT	RIBUTING TO OEATH B	UT NOT RELA	ITEO TO THE TERM	IINAL OISEAS	OR CONDITIO	ON GIVEN IN PAR	II I a						
The external cause was underlying and course of death 10:30 Am 12-2-86 driver of an auto in collision with another at work at	ECC	ANEL ANEL	150	19a DATE OF	OPERATION	ON	TION CONDIT	ION FOR	WHICH OPER	ATION	AS PERFO	PMED2					120 /	UITODSV'	2
216. TIME OF INJURY HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 10:39AM 12-2-86 driver of an auto in collision with another contribution cause of Death 10:39AM 12-2-86 driver of an auto in collision with another representation of the remains described obove, held on Autopsy Inspection Inquiry Order mined monner Accident Item 18 part 1 or part 2)		SEAL HEF	FIG				The Conton	ioi vi ok			701 611 01								
UNDERLYING CAUSE OF DEATH 10:30AM 12-2-86 driver of an auto in collision with another 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 25b. Date ECTO. By REGISTRAR' 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 25b. Date ECTO. By REGISTRAR' 25b REGISTRAR'S SIGNATURE	7	WORNE CIENT	ERT							21c. H	OW INJUR	Y OCCURRED	D (ENTER N)	ATURE OF INJ	URY IN ITEM 1	8 PART 1 OR		IES []	NO &
AT WORK AT WOR	0 2	STAN STAN		UNDERLYING	OR	LISE OF DEA				dri	ver o	f an a	auto	in co	ollis	ion v	vith	anot	her
AT WORK AT WOR	1510	ING ING ISHO PRICEPAL	EDIC	21d INJURY C	CCURRE)	21e PLACE C	FINJURY	(AT HOME	velo	to be								
Burial 12/6/86 Lake View Memorial Park Sykesville Carroll MD. 25M 25M 25M Puneral Directors, Inc J25m Date REC'D. By REGISTRAR'S SIGNATURE	PI	HIS CHING WRITE ARE A AGE 3	2	AT WORK	NOT W	HILE XX	hgwy.	DRY, FARM, E	TC.)	Md.	"Rt.	#26 &I	srae	f"ra	Fr Fr	ederí	ick c	CO., M	d. STATE
Burial 12/6/86 Lake View Memorial Park Sykesville Carroll MD. 25M 25M 25M Puneral Directors, Inc J25m Date REC'D. By REGISTRAR'S SIGNATURE		CATE, TORW FORW OR: P THE ST		22a. I certi	y that I to	ok chorge of	the remains desc			Autop	sy .	Inspection	X .	Inquiry		and in my	opinion		
Burial 12/6/86 Lake View Memorial Park Sykesville Carroll MD. 25M 25M 25M Puneral Directors, Inc J25m Date REC'D. By REGISTRAR'S SIGNATURE		A HE WELL)	death result	ed from:	Noturol c	ouses	Accident	_LXI. Su	icide			Undete	rmined ma	nner	,			
Burial 12/6/86 Lake View Memorial Park Sykesville Carroll MD. 25M 25M 25M Puneral Directors, Inc J25m Date REC'D. By REGISTRAR'S SIGNATURE		MAN WELL			301	Wall.	x 1/2	o le	2001							DAT	£ 1	2-5-	86
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24. FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc J256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE		DX4744	23a.B	SPECIFY)									CITY O	RTOWN				\$1	ATE
DHMH-17 DHMH-17 DONAL DATE RECUBER BOTTON BOTTON DATE RECUBER REGISTRAR SIGNATURE	07/84 25M	BP	24.5																W.
	20111	DHMH - 17 (VR A15 ME (5))		NAME 728 TIL	ortz	Road	Panda 11	etor	n Max	vland	2113	3 III		19	SD KE	GISTKAR'S	SIGNAI	UKĘ	The same



0293

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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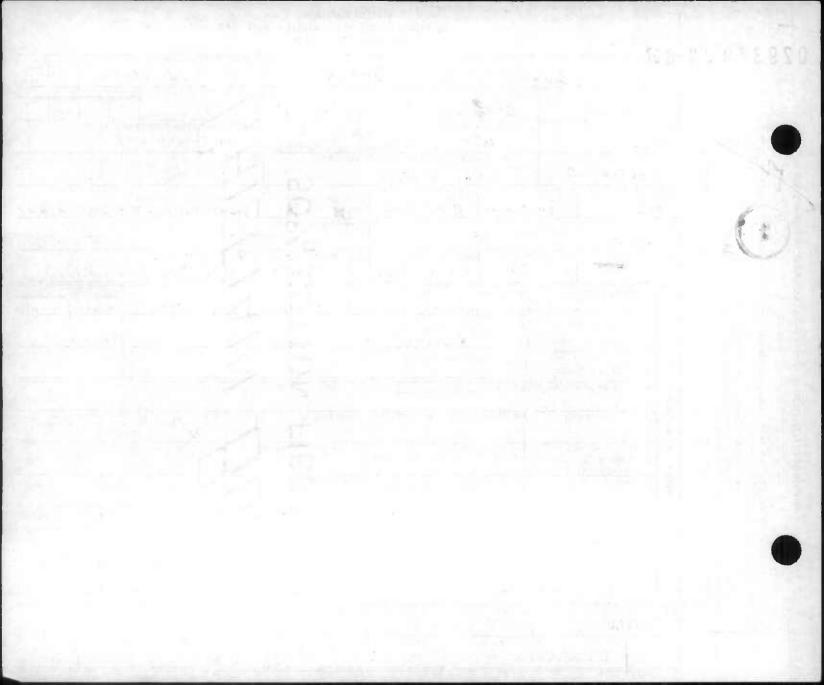
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		OR PRINT)	FDWI		M.	B	ARON	2a. DATE OF		28-86		26 HOUR 4 37	м
	3. SEX	m ALI	Ξ	4 RACE	SIAN	5 DATE (6. AGE (INY	75	MONTHS (RS.	YEAR DAYS	IF UNDER 24 HE HOURS MI	25
X	O	HIO	OR FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	DA	LTIMORE		гн		MD.
×	1	BALTIMO	RE	(IF NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	(TYPE OF WOR	OCCUPATION K FOR MOST OF WORK ALESMAN	ING LIFE) INDU		BUSINESS ()R
5	130. 5	AL RESIDENCE (F. P. STATE	13b COUN	OTHER INSTITUTION, ITY LTIMORE	GIVE RESIDENCE BEFOR 13c. CITY OR TOW BALTIM	/N	13d INSIDE CITY LIMITS?	662	ADDRESS / ZIP O	CODE PEWA 1	R.	2120	>9
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31 999	MEDICAL CERTIFICATION	22s. I certify that saw the dece	CAUSE OF DEA	21e PLACE (AT HOME, STR	M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, I e deceased from after death.	19 FARM ETC) 12 86, ar	211. LOCATION STREET 211. LOCATION STREET 212. A 3 19 2 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	, to	TURE OF INJURY IN ITE.	coun , 19 80 d have and fran 22c. 1	e, the co	STATE	ast
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	24 FL	BURIAL UNERAL DIRECTOR	SO	DEC.30	,1986 <i>I</i>	AITZ C	CHAIM	BÄ	EGISTRAR 25b. RE	COUNTY		RYLAND RE	
		6010REIST	TERSTOW	N RD.	BALTO., N	1D 2	1215	N 61	987 Au	lia Dande	m.t	Pandare.	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been uganed by the attending physician should be definited for size as the Surrial from premit. Then please immove carbon appears with the State Dept. of Health and Methol Physiere prior to build. Ceremation, or removal: MAPORTANT, If they 2 has marked or tem 8 shows any injury, or other traumatic event, the

FOR

(VRA 15, 4)



STATE OF MARYLAND

027596 DEC	4:	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.	
nay be page 3		CEASED NAME FIRST MICHAEL	ROBERT		BARTLEY	20. DATE OF DEATH MONTH	12 ^{DAY} 13 YEAR 86 2b. HOUR 13 86 1750
office.	3 SE	Male	White	5. DATE C	PEBIRTH 021 YEAR 86	6. AGE (IN YEARS LAST BIRTHDAY) YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
leath. Page		RTHPLACE (STATE OR FOREIGN COUNTRY) Md	16 CITIZEN OF WHAT COU	NTRY? 8. MARRIE WIDOWE	D NEVER MARRIED 3	D. BALTHAODE CITY OR COLL	
Soften Soften	Be	Itinhe, m	St. Agnes H	ospital	OR OTHER INSTITUTION	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN N/A	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY N/A
filled in the residual of the	130.	Maryland Mon			13d. INSIDE CITY LIMITS? YES NO XX	13e.STREET ADDRESS / ZIP CO 3800 Bell R	
cored within 24 completely fille s 1 and 2 years		ATHER'S NAME Robert	Edward Ba:	rtley	15. MOTHER'S MAIDEN NA FIRST Sharon	Ann	Gillespie
interpretation and compares. Pages 1 or vol.		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI NO	RMED FORCES? 166. SOCIA IVE WAR OR DATES) N/A	AL SECURITY NO.	Robert E. I		ell Road sville, MD.20866
equires that the death certifications of the please carbon part burial, cremation, ar remainty, an other traumatic even injury, an other traumatic even	NO	Canditians, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN	remat	ority	ainal disease or condition	GIVEN IN PART LIO
ING PHYSICIAN: The law require attending physician. When this certificate has been sign as the buriol-transit permit. Then the hard Hygiene prior to be arked or Item 18 shows any injury arked or Item 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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NG PHYSIC ettending ffer this cer as the burio th and Ment orked ar Itel	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTEND inted by the haspital a FUNERAL DIRECTOR. A sold be detached for use in the State Dept. of Heal operant: If them 21 is many than the State Dept.		276 SIGNATURE 276 MYSICIAN'S NAME (TYPE	n ot) view the bady ofter death		DEGREE ATTENDING PHYSICIAN [220 ADDRESS	death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	12/15/86
BP		BURIAL CREMATION, REMOVA Cremation	12/17/86	Westvi	ew Crematory	23d LOCATION CITY OR TOWN Catonsville	COUNTY Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	uneral director Letoy M. & Russ 1630 Edmondson	sell C. Witzke Avenue, Catons	Euneral Sville, M	Homes P.A. D. 21228	TERECID. BY REGISTRAR 256, REC	STRAPSISIONATURE

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STATE OF MARYLAND DEPA

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76 CITIZEN OF WHAT COUNT

USA

NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST

	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	,		Ł	4
L	AST			DAY	YEAR	2b. HOUR
B	22E		12	11	86	515 AM
S. DATE O		6 AGE (IN YEARS LAST BIRT	(HDAY) YRS.	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN,
RY? B. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	_	(OF DI	ATH	MD.
RESING HOME O REET ADDRESS) HOSPIT	R OTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF MERCHANT	F WORKING LI	FE) IN	KIND O DUSTRY RETA	F BUSINESS OR
FORE ADMISSION) OWN IMORE	134 INSIDE CITY LIMITS? YES NO K		ZIP CODI	Ε	APT.	#21209
	FIRST	INAH			BER	MAN
- 0956	17 INFORMANT MARNAT	RS. SALLAPERE RD. BA	S. BA LTO,.	SS ,MD		PT.D 209
ond (c).)	esT				APPROXI BETWEEN	MATE INTERVAL DNSET AND OFATH
QUENCE OF	SCHEMIC (Ordio.	maparty				
TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONI	DITION GIV	/EN IN	PART In)
ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	FYING		IGS USED OF DEATH?
DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		PART 1 OF	(PART 2)	но 🗌

DUE TO, OR AS A CONSE Conditions, if ony, which (b)____ (N) 5 gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSE underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 190 DATE OF OPERATION 19b CONDITION FOR WH 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1)(this hospital) attended the deceased from. 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

236. DATE

P.M

ATTENDING PHYSICIAN 22e. ADDRESS

86

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

STATE

COUNTY

Wertheimer 139164

23c NAME OF CEMETERY OR CREMATORY

DEGREE

21f LOCATION

STREET

23d. LOCATION

BURIAL

230. BURIAL, CREMATION, REMOVAL

FOR

C RECEIRAR 1 DECEASED NAME

(TYPE OR PRINT)

BIRTHPLACE

MARYLAND

M1)

NO OR UNKNOWN)

FATHER'S NAME

130 STATE

CERTIFICATION

MEDICAL

morked or Item 18

10. CITY OR TOWN OF DEATH

3 SEX

FIRST

HARRY

SUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BE

Baltimen

MIDDLE

(IF YES, GIVE WAR OR OATES)

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b)

IMMEDIATE CAUSE (o)_

COUNTY

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

MALE

BALTIMORE

SIMON

I STATE OF FOREIGN

4. RACE

DEC.12,1986

BETH TFILOH

BALTIMORE

CITY OR TOWN

MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

6010 REISTERSTOWN RD.

BALTO MD

BROS, INC.

21215

DEC 16 1986

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julies Davidson Randals



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Beatrice O. Bates - STATE CERTIFICATE OF DEATH MOECEASED NAME 28 DATE OF DEATH MONTH TYPE OR PRINT RATES 3FATRICE 5. DATE OF BIRTH IF UNDER 1 YEAR White Female Teb. 24 1904 7a. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA Baltimore City WIDOWED 3 O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 2n USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Liberty Medical Center Housewife HAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 516 N. Marlyn Ave 13C CITY OR TOWN 134 INSIDE CITY LIMITS? Baltimore Maryland 21221 YES 🗍 15. MOTHER'S MAIDEN NAME FATHER'S NAME Mollie Morris WAS DECEASED EVER IN U.S. ARMED FORCES? 6h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 234 96 3723 Olive Manear, Daughter APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)!
PART I. DEATH WAS CAUSED BY: MAS CAUSED BY:

IMMEDIATE CAUSE 10) CARDIO - RESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF SEPTCE MIA Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF SACRAL DECUBITI couse (o), stoting the underlying couse lost ED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO PERTENSION DEMENTIA 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE FARM ETC) AL WORK

12-7-19 22a.l certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE STAFF MEDICAL 12-7-86 MD

12/10/86

Liberty Medical

23a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY
Lumberport Cemetery

Lumberport. W. Va

PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL uld be deto

MPORTANT

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Bruzdzinski Euneral Home PA

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ARY, PL	N 72 HO TON STR	n	Tale 1	Vegroid"		2 STYY	VI	OURS MIN F	RONOUNCED DEAD	12	2 219	86	10AM
NECESS	C (PREAM	50	outh Country)	irolina	U.S.	A.	* MARRIED NEVER	NARRIED DIVORCED	Baltimo	re City	7		MD.
4 3	PAGE PAGE	10 CI	ry or town or Baltimo:		I NAME OF HOSPITA (IF NOT IN SUCH FACILITY LIBERTY ME	Y, GIVE STREET ADDRESS)	, or other institution	FORM	AL OCCUPATION OST OF WORKING (I		12b KIND C	OF BUSI DUSTRY	NESS
21201 ANY DE	AND 3 T	13e S	L RESIDENCE (IF	IN NURSING HOME OR OT	HER INSTITUTION, GIVE RE		13d INSIDE CITY L		EET ADDRESS	relan	3/5	2/	6
EATH, IF	O SEE	14. FA	THER'S NAME FIRST	e R	DDLE +tip	LAST	15. MOTHER'S	MAIDEN NAME	MIDDLE	1/10	LAST MS		
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(2]	ANS ANS			if any, which to immediate	(b)								
200	EXAME BAL-18 ON OR		cause (a) st lying cause	ating the <u>under</u> - last.	DUE TO, OR AS	A CONSEQUENCE	DF						
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AL RE	USED AS OF HEAL OF HEAL	CERTIFICATION	196. DATE OF O	PERATION	196 CONDITION	N FOR WHICH OPER	ATION WAS PERFORME	D?			20 AUTO	OPSY?	
VII.	MAN	RTIF		c. Her W. c							YES		NO NO
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DIVISI THIS CERT	AAR AAGI	MEDICAL	21d. INJURY OC WHILE AT WORK		21e PLACE OF III STREET, FACTORY.	NJURY (ATHOME.	21f LOCATION STREET		CITY OR TOWN	C	OUNTY		STATE
MINER:	ATE, ORV		22s I certify death resulted	that I taak charge of	- 6000		Autapsy , In	Undete	Inquiry ,	and in my o	pinian		
AL EXAMIN	THE CERT HOULD ATH, WILL EE, MAR		ACTUAL SIGNATURE	Culo	n of	2_	M.D. ASSIS	de mande	CAL EXAMINER	DATE SIGN	ED 12/	/2/8	6
WEDIO	FOR A S		EXAMINER'S NA (TYPE OR PRINT	AME Willia	am M. Zane	P, M.D.	ADDRESS	111 Penn	St.	Balt	o.MD.		
07/84 P	24 5 4 8		PECIFYI BURIC	A James 236. E	DATE 2-8-86	134 NAME OF CEL	GETERY OR CREMATORY	23d. LOG	CATION STOWN	Trundi	UNTY / CX	STATI	me
25M	DHMH - 17 R A15 ME (5))	24 FI	INERAL DIRECTO	DR P	ADDRESS	14/2	至 / 250.	DEG 5	REGISTRAR 251	REGISTRAR'S	SIGNATURE	6	1
(V	K WID ME (D))		3/0/01	0,00	ouggs	Tres	100 01		1300	EL MAN CO	- N. Kary	and.	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

REGISTRAR			CERTIF	CATE OF DEATH		REG. NO).		
1 DECEASED NAME FIRST FANNY FANNY		C.		ast BAU		ECEMBER 8,	1986	YEAR	26. HOUR 5;05A
3. SEX Female	4. RACE Whit		5. DATE C		2	74	YRS	THS DAYS	IF UNDER 24 HRS HOURS MIN.
76 BIRTHPLACE (STATE ORFOREIGN COUNTRY) Chine 16 CITY OR TOWN OF DEATH BALTIMORE	U.S. D. NAME OF I	HOSPITAL, NURSIN HNS" HOPKI	WIDOWE G HOME C CNS HO	R OTHER INSTITUTION	□ B ₁	ALTIMORE (ITY OF ALTIMORE (ITY OF WORK FOR MOST OF HOMEMAKE)	CITY ON WORKING LIFE)	12b. KIND O INDUSTRY	ME OF BUSINESS OR
JSUAL RESIDENCE (IF NURSI) 130. STATE		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Washingt	N	13d INSIDE CITY LIMITS YES NO 15. MOTHER'S MAIDEN		STREET ADDRESS / 516 A Str		/20002	1949
Ghahthic	MIDDLE	Chen		See		WIDDLE			
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT	Bau,	ADDRE		#13.	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O (c)	Cardiop RAS A CONSEQUE RAS A CONSEQUE Probable	NCE OF NCE OF SEVE	ocardral lu u Coronay	y aute	non	DITION GIVEN	30 minutes 415AM - 449 A 2-3 days Years	
Recent 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			rdial infarction TION FOR WHICH OPERATION WAS PERFORMED						
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK OBOOK, (I) ((we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	21e PLACE (AT HOME, STI	M. MONTH DAM M. OF INJURY REET, FACTORY, OFFICE, F. e deceosed from TH 19 ofter deoth.	19 ARM, ETC) Dec 56 , or	211 LOCATION STREET STH 19 8 Id that in (my) (our) opin DEGREE ATTENDIN PHYSICIA 22e ADDRESS 600	NG AN DO N. L	CITY OR TON TO DEC 8 The occurred on the do AEDICAL STAF IRECTOR PHYSIC WOLFE STAF	TODE IN PART 1:0 TODE IN THE PART 1 OR PART 2) TO THE PART 1 OR PART 2)	SIGNED 186	
230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		23c N		EMETERY OR CREMATO	ORY	23d LOCATION CITY OR TOWN			STATE

BP DHMH - 18 60M 7/B4

TO HOSPITAL

(VRA 15, 4)

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
5130 Wisconsin Ave, NW, Washington, D.C. 20016

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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FOR TATE LEGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

4148

S. BATHOLOGY STATE OF DEED DATE STATE OF DEED DATE DA	1		CEASED NAME	FIRST	MIDDLE	l.	AST	20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR		
13 BIRTHPLACE 1314TLOPFOHION 75 DUE 14 DUE 14 DUE 15 D	1	TYPE	OR PRINT)	Willie		BAU	COM	December	8, 1986	10:50A		
BRITHPLACE STATE OFFICE STATE OFFICE BRITHPLACE STATE OFFICE STATE OFFI BRITHPLACE S	1	3.5EX	. 1	4.1		S. DATE C		6 AGE (IN YEARS LAST BIR				
Baltimore Balt	1		M.		116950	7	28 12	14	1110			
BALLIMOTE CITY BALLIMOTE BALLIM	4			OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED			TH		
Baltimore Supplementary S	4			1		WIDOWE	D DIVORCED			MD.		
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136 STATE	2						spital	TUARD	La	en Mario		
Neg WAS DECEASED EVER IN U.S. ARMED FORCES? New Social Security No. 17 INFORMANT ADDRESS New Year Or Politics New Year Or Polit	5	13a S	TATE OF THE			E ADMISSION)	YES-IV NO.	1315 6	ZIP CODE	70-07		
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24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAP'S SIGNATURE			Diar	nne Mat	hews, M.D.		c/o Maryland	d General H	Nospital			
24 FUNERAL DIRECTOR JUNE 1300REST TO CENTRAL OF DEC 1 1 1986 Julia Director Randows		23a B	BURIAL, CREMATIO	N, REMOVAL	12/13/86 23c	name of c	auturn	Ballo	- Smile	STATE		
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DHMH - 16 60M 7/B4 (VRA 15, 4)

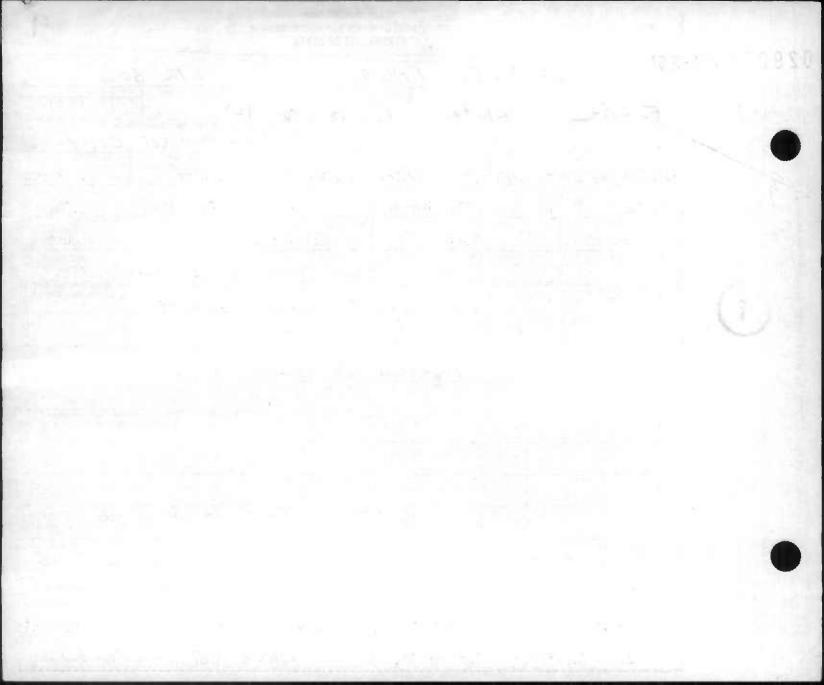
TO FUNERAL DIRECTOR. Should be detected for us with the State Dept. of He

TO HOSPITAL

DHMH - 16 60M 7/84

(VRA 15, 4)

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	3. SE)	- 1.	RACE	S. DATE MONT	OF BIRTH	AR	AGE (IN YEARS LAST BIR	MÖI	NTHS DAYS	HOURS MIN.
	70 BH		CITIZEN OF W	HAT COUNTRY? 8.		76	BALTIMORE CITY O	R COUNTY O	F DEATH	
9	No	orth Carolina	USA	WIDOW	ed 🔲 never marrii ed 💢 — divorci		BALTIM	ORE	CIT	4 MD.
8	BA	ALTIMORE CITY	LIBERT	OSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS) TY MEDICAL	CENTE		12ª USUAL OCCUPATI (TYPE OF WORK FOR MOST O Sales Cle	F WORKING LIFE)	Dept.	Stores
5	Ma Ma	AL RESIDENCE (IF NURSING HOME OR OTH STATE LTY LAND AA	ER INSTITUTION, G	ive residence before admission 3. City or town Glen Burnie	YES NO		3e STREET ADDRESS 7	zip code allen	2	1061
0	14. FA	THER'S NAME	DIE	Swain	15. MOTHER'S MAIL	abeth			Brickh	021101
()		Emmanue I VAS DECEASED EVER IN U.S. ARME	D FORCES? I	66 SOCIAL SECURITY NO.	17 INFORMANT	aneti	ADDRE	SS	DI ICKII	ouse
2	(1	YES NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	231-09-2578	Harry Ha	ycocl	k, 103 S. (Charter	Rd. G	len
		18. CAUSE OF DEATH lEnter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if ony, which gove rise to immediate	Y. AUSE (o)	ne for (o), (b), and (c). CO3 CLUBER A5 A CONSEQUENCE OF	elmone	any	0.832	ol	BETWEEN OF	Burnie
	NOI	couse (o), storing the underlying couse lost PART 2 OTHER SIGNIFICANT COI	DUE 10 OR	mfeeled	Decut	Brelo HE TERMIN	D Ulze	L DITION GIVEN	IN PART 11a	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ION FOR WHICH OPERATION	ON WAS PERFORMED		200 AUTOPSY?		VERE FINDING NG CAUSES C	
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A.M P.M	MONTH DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
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		22a.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) v	19 7		nd that in (my) (our)	opinion de	enth occurred on the de	ote and hour o	00	hot (I) (we) lost ouses stated
		22h SIGNATURE	lashu		DEGREE ATTENI	DING CIAN	MEDICAL STAI	FF IAN 🔀	12-3	O-86
		22d PHYSICIAN'S NAME (TYPE OR PR SHER AFZAL	HASI	1411	22e ADDRESS 2600	LIBE	RTY HEI	SHTS,	AUE -	212-15
	23a B	(SPECIFY)	^{236. DATE} Jan. 5,		d Cemetery		23d LOCATION CITY OF TOWN Norfolk	· ·	COUNTY	Virginia
	24 FU	UNERAL DIRECTOR James S. Kirk		ADDRESS		250. DATE	REC'D. BY REGISTRAR	1 x		



ATTENDING PHYSICIAN. The faw requires that the death certificate be executed within 24

retained by the hospital or attending physician.

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	8	0		3	4
			REG. N	-		
LAST			DEATH		DAY	YE
BAUMAN		12-	18	- 8	6	

773	l b	FOR ESTATE BEZIETRAND	DEPART		HEALTH AND MENTAL HYG	IENE Ö Ö	3 4	: 3 7
e oth		CEASED NAME FIRST FRAT	NK T. BAL	IMAN	LAST		MONTH DAY YEAR	2b. HOUR
rs ofter d	3. SE		4 RACE	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRT	YRS MONTHS DATE	YS HOURS MIN.
777	LA	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE		BALTIM		1 - MD.
	7	BALTO,	11. NAME OF HOSPITAL, NURSING INFORMATION SUCH FACILITY, GIVE STREET SELECTION SEFT CO.	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF ACCOUNT	F WORKING LIFE) INDUSTE	O OF BUSINESS OR
hould be	13a	STATE 13 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY TJG. CITY OR TOW	/N	13d INSIDE CITY LIMITS? YES NO [TON AVE	21214
	7	HENRY J.	BAUMAN (AST)	IDITY NO	15 MOTHER'S MAIDEN NAME FIRST MAY	► MIDDLE	NER	LAST
rs. Pages		YES, NO OR UNKNOWN) IF YES, GI	ive war or dates) 215 - 07-		Mys. anna F. B		811 Safton	Oxue. 2121
signed by the attending phen please remove corbonp to burial, cremotian, or remainuy, ar other troumotic ever	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONF	DITION GIVEN IN PART	Tio
t permit.	CERTIFICATION	19a DATE OF OPERATION	N 196 CONDITION FOR WHICH		N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERI IN CERTIFYING (
certificate ornal-tronsid Nental Hygu- Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	(ATH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM IB PART I OR PART 2	0
After this to the builth and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO		STATE
TO FUNERAL DIRECTOR: A should be detoched for use with the State Dept. of Heo IMPORTANT: If Item 21 is m		sow the deceased alive or	ot) view the body after death.	\$C	DEGREE ATTENDING PHYSICIAN [] 22e ADDRESS 76 20 76 - R	MEDICAL STAF	te and hour and from to 22c DA	thos (b) (we) lost the couses stated to SIGNED / 19/8(
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	-		EMETERY OR CREMATORY	23d LOCATION BYTOR TOWN	. Mo COUNTY	STATE
- 16 60M 7/84 RA 15, 4)	Tich	The same of the	- 7527 Horiss	poul	Rd. PE	E REC'D. BY REGISTRAR C 1 9 1986	256 REGISTRAR'S SIGN	

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

STATE OF MAKILAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH 2b. HOUR P#5.7 THE OFFENILS Baxlev. Sr. Carl Μ. AA 5. DATE OF BIRTH SEX RACE 6 AGE [IN YEARS LAST BIRTHDAY] IF UNDER I YEAR July 25, 1908 78 White Male BALTIMORE CITY OR COUNTY OF DEATH DATHPLACE 76 CITIZEN OF WHAT COUNTRY? CREATE OF FOREIGN MARRIED NEVER MARRIED South Carolina USA WIDOWED DIVORCED Baltimore City MD CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Scott Key Medical Center Francis Steel Worker Heth Steel SUAL HESIDENCE IN HILLING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IDE STATE 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE YES [NO T Maryland Baltimore Dundalk 1716 Woodland Drive NIFATHER'S NAME 15 MOTHER'S MAIDEN NAME FREE MIDDLE LAST MIDDLE FIRST LAST Baxlev Mattie Brigman IM WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECTIPITY NO. ADDRESS 17. INFORMANT YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-01-2849 Morgan W. Baxley 514 Chalcot Square 21 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19s. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from RIM Del Zuio 80 saw the deceased alive on_ abave, (I) (we) (did) (did nat) view the bady after death and that in (my) (aur) opinion death accurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINTS 22e. ADDRESS my 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL (SPECIFY) STATE Baltimore Maryland Burial 12-23-86 Moreland

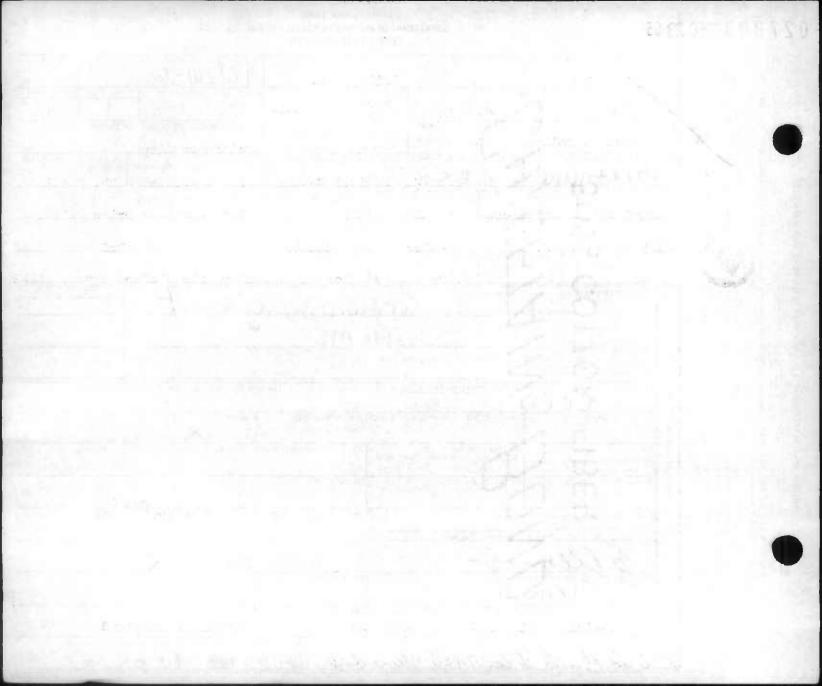
DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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ector, poor	3. SE	FEMALE	4 RACE WHITE	5. DATE (6. AGE (IN YEARS LAST BIR			FUNDER 24 HRS
in 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY USA	? 8 MARRIE WIDOWI	D NEVER MARRIED XX	9. BALTIMORE CITY C	RECOUNTY O	OF DEATH	N
by the filed w		TY OR TOWN OF DEATH BALTIMORE		HOSP]		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST ONE)			BUSINESS O
filled in rould be must be	130 9	AL RESIDENCE (IF NURSING HOME C STATE ARYLAND		WN	YES 🕅 NO 🗌		ZIP CODE	H RD. 2	21215
appe d d		THER'S NAME MEYER	MIDDLE BEBCHI		IDA FIRST	ME MIDDLE	colo	SILV	'ER
ond ong	16a V	VAS DECEASED EVER IN U.S. A YES NOOR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES) 16b. SOCIAL SEC 218-32-		17. INFORMANT DR. 5. 3100 ST.	PAUL ST.	21218	ORBONI	CK-
g physicion on paper 1 for- creet, the)		nly ane cause per line for (a), (b), c ED BY: .TE CAUSE (a)	ind (ct.)	Cosp Annos	5		BETWEEN ON	ATE INTERVAL ISET AND DEATH
ed by the ottending I blease remove carbon rial, cremotion, or other traumin	.,	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	DENCE OF	ic Fe 76	inur			
t. Then por to bury, y injury,	TION	Monasn		Ca				11.00	
roate hos been roasit permit. I Hygiene prior 18 shows ony ii	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO		YES NO	IN CERTIFY YES		
certificate urial-transit tental Hygie Item 18 sho	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2]	
atter this os the but the ord M Ith and M Iorked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
CTOR: A for use of of Health		saw the deceased alive o	oital) attended the deceosed from 19. at) view the bady after death.	16.0	nd that in (my) (our) apinion (death occurred an the d	ate and hour		at (I) (we) lo uses stated
NERAL DIRE be detached e State Depl TANT: If Iter		Lane No	3/4 M 90+3			MEDICAL STA		22c DATE SI	ENED 8
hould with the WPOR		D.R. VAZQUEZ	FOR Dr. BrATE		Sim Hos		re no	Green	sprung
- 0 / 3	23a. E	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	12/16/86	ANSHE	EMETERY OR CREMATORY NEISEN CEMETE	23d LOCATION ERY RUSEDAL	E BALT	IMORE I	MD STATE
AH - 16 60M 7/B4 (VRA 15, 4)	24 FI		LEVINSON & BROS TOWN RD., BALTO.	., INC		E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATUI	RE

Carrier S. words AL DESERTE AND ADDRESS OF THE PARTY AND ADDRES

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P. H. JEC 1 6 1986 Julia Deviden Reader

11160

	REGISTRAR		CERTIF	ICATE OF DEATH	8 B	o. 911		7.3
7	DECEASED NAME FIRST RUTI	MIDDLE S.	B	GGCH ER	Dec.	MONTH DAY	YEAR 2	505
,	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY IF UNE		IF UNDER 24 HRS HOURS MIN.
7	Female	White		29 1902	84	YRS.		
1	70. BIRTHPLACE (STATE OR FOREIGN Minnesota	76 CITIZEN OF WHAT CO	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O			ni da
4	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		120 USUAL OCCUPATI	Baltim		BUSINESS OR
1	Towson	Presbyteria	an Home		Dept. of	F WORKING LIFE) IN	DUSTRY	
0			ORTOWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 400 Geo1	rgia Ct	46	204
7	Francis	A. St	egall	IS MOTHER'S MAIDEN NA Jessi		nan	LAST	
	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV		AL SECURITY NO. -03-2521	17. INFORMANT William T	. SmythBal	ei Mork	Rd:	21204
	I B. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA			Bowel obs	Truchod		APPROXIMA BETWEEN ON 2 D	ATE INTERVAL INSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF						wth 5
1	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTE		- 4	MINAL DISEASE OR CON	DITION GIVEN IN	PART No	
/	7 1 + RTER 10 Se	196. CONDITION FOR	The state of the s		200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES O	
1	an continue T course of as	HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 O	R PART 2)	
	OKCONINGUING CAUSE OF DEA	210. PLACE OF INJURY (AT HOME, STREET, FACTORY		21f LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
	220.1 certify that (1) (this house saw the deceased alive an above, (1) (we) (did (did no	· Dec 10	19 86 on	d that in (my) (aur) opinion	death occurred on the de	. 17		ot (I) (we) lost
	22b. SIGNATURE	well !			MEDICAL STAI	FF _	12c. DATE SI	14-81
	5, J. VEN	ABLE S			ronk nd-	BALTIM	on	4D
	23a BURIAL, CREMATION, REMOVAL Cremation	12-16-86	Carroll	Cremation	23d LOCATION LA TOP TOWN Hamps to	d Carr	NIY I	Varylar

Thomas D. Fletcher & Son

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

27891 17.3 Perm

Partie of The State of the Stat PERSIE 9 29 1908 Brosenni Towson Prosbytacian dome of d. Dept. of arrigultune . The single of the contract o

Francis A. Leresll Jessie Coloren

423-00-2521 .1111ng C. Boyselff M. 816. 42: 21204

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ALTRICA SAPARATA CONTRACT DISCIPLE CONTRACT

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FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR			(ERTIFICATE OF DE	AIH	REG. NO	-		
T DECEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF DEATH M		AY YEAR	2b HOUR
(TYPE OR PRINT)	JOSE	PHINE		BELL		DECEMBER	9.	1986	5:42
3. SEX		. RACE	5.	DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTH	(DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
F		В		MONTH DAY	23	63	YRS.	ONTHS DAYS	HOURS MIN.
70 BIRTHPLACE (STAT	OR FOREIGN 7	CITIZEN OF WHAT CO	OUNTRY? 8.		-	9 BALTIMORE CITY OR		OF DEATH	
COUNTRY) SC		USA		MARRIED NEVER MA	ORCED	BALTIMO	DEE (י דייי ע	N
10 CITY OR TOWN OF	DEATH 1		, NURSING H	OME OR OTHER INSTIT		12a USUAL OCCUPATIO	N	12b. KIND C	F BUSINESS O
BALTIMOR	E	THE JOHN		KINS HOSP	TTAL.	(TYPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY	
₩SUAL RESIDENCE (#	NURSING HOME OR C	THER INSTITUTION, GIVE RESIDE				13e.STREET ADDRESS /	ZIR CODE		
D TID	130 COOI4	A CONTRACTOR OF THE PARTY OF TH	TIMOR		40 🗆		OLINI	E ST	21213
14. FATHER'S NAME		IDDLE	LAST	15 MOTHER'S A		MIDDLE MIDDLE		LAS	
NELSE	M	YOU		EMMA	LINE	WIDDLE		FOST	
160 WAS DECEASED E		MED FORCES? 166 SOC	IAL SECURITY			ADDRES	S		
TI O	I) (IF YES, GIVE		31:008	1 CALVIN	BELL	1636 CAR	OLIN	E ST,	21213
18 CAUSE OF D	EATH (Enter only	one cause per line far io	a), (b), and (c	1.1				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEAT	H WAS CAUSED	BY: CAUSE (a)	(vil 1	012 110 11	Shor	·K		2	hours
		DUE TO, OR AS A CO							
	0 1	DNDITIONS CONTRIBUTE	ING TO DEA	TH BUT NOT RELATED TO	O THE TERM!	INAL DISEASE OR COND	ITION GIVE	EN IN PART 10	a '
190 DATE OF OP			R WHICH OP	ERATION WAS PERFORA	MED	20a AUTOPSY?		, WERE FINDIFYING CAUSES	
21a. ACCIDENT WA		21b. TIME OF INJURY	NITH DAY	21¢ HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PA	ART I OR PART 2)	
OR CONTRIBUTING	CAUSE OF DEAT MEDICAL EXAMINER)	P.M.	INIH DAT	19					
21d INJURY OC		21e. PLACE OF INJUR		.ETC) 216 LOCATION	1	CITY OR TOW	72	COUNTY	STATE
		al) attended the/decease	ed from	12/9	19 86	2 10 12/9		1× 86	that (I) (we) le
saw the de	eosed olive on_	view the body after dea	1980	, and that in (my) (a	ıur) apinian d	death occurred an the dat	te and haur	0	
77% SIGNATURE	1160	Kon	1 1 M.		TENDING	MEDICAL STAFF		12/	SIGNED
22d, PHYSICIAN	S NAME (TYPE OR	PRINT	7001	22e ADDRESS	600 N	DIRECTOR PHYSICI		ALTO	MD.
WAI	ter	Kerna	n	96 3	ohns	Holkins	Hoz	pital	2120
230 BURIAL, CREMATI	ON, REMOVAL	236. DATE 12-12 86		ME OF CEMETERY OR CR BALTIMORE	CEM.	BALTIM	ORE	COUNTY	MD ^{STATE}
24 FUNERAL DIRECTO	R		ADDRESS		25e. DATE	E REC'D. BY REGISTRAR 2	Sh REGISTI	RAR'S SIGNAT	TURE
	MERAL E	HOME 1101	E NO	DRTH AVE.		DEU 1 1 1986	-	المهافية بالراد ويس	r. Kanda

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the bur with the State Dept. of Health and Me TO FUNERAL DIRECTOR. TO HOSPITAL OF ATTEN

to supplies the function of the function of the description of 2 should be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2/201

ATTENDING PHYSICIAN The low

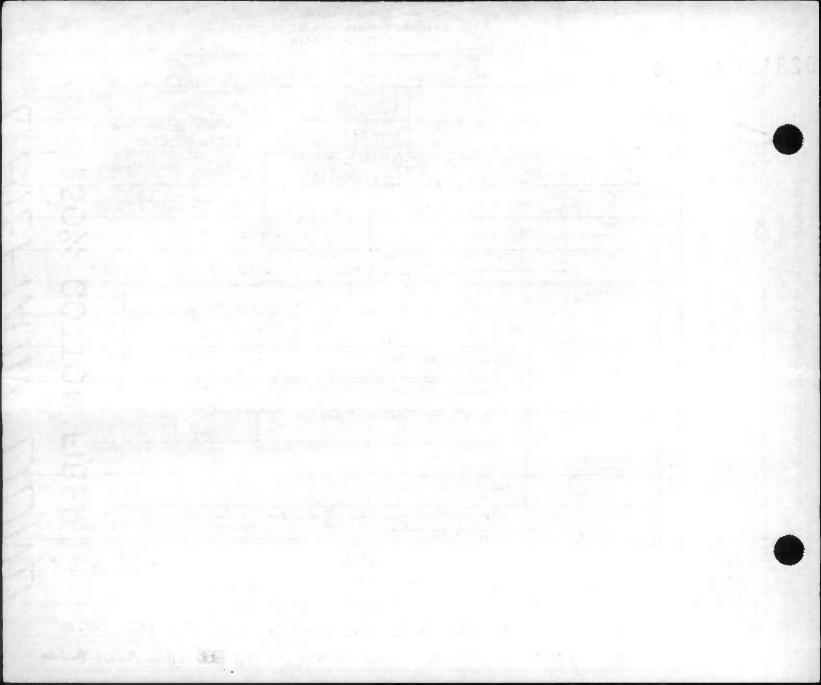
	1 -	FOR STATE REGISTRAR AKA/ EI	DEP/ DITH J. BENICK	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	3 4	: 3 2
3	3 SE)		4. RACE	S. DATE C		20 DATE OF DEATH DECEMB 6. AGE (IN YEARS LAST BIR	EL 24 P	86 300pm
	7a. BII	EMATLE RTHPLACE (STATE OR FOREIGN COUNTRY)	WHITE 76 CITIZEN OF WHAT COUN	TRY? 8.	20/06 ^{AY} VEAR DEVER MARRIED	9. BALTIMORE CITY O	YRS PRICOUNTY OF DEAT	Н
		RYLAND	USA	WIDOWE		BALTIMORE	E CITY	MD.
0	R	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU SHE NOT IN SUCH FACILITY, GIVE S AGNO	STREET ADDRESS	DR OTHER INSTITUTION	120 USUAL OCCUPATION OPERATOR	ON PER WORKING LIFE) 12b. KIN PUS	ND OF BUSINESS OR LEPHONE
The second	130. 5	AL RESIDENCE (IF NURSING HOME OR STATE HIS COUNTY BALT)	IY I'M I'M I'M	TOWN TMORE	YES A NO	13-SIREET ADDRESS. 3648 HINE	LINE AVENU	E 21229
prod		THER'S NAME WARD HOOK	MIDDLE LAST		AGNES DONG			LAST
1		VAS DECEASED EVER IN U.S. ARI	E MAR OR DATES	5-1263	MR. LOUIS W	BENICK 3	ess 648 HINELII	NE AVENUE
		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE	D BY:	1 1	erdiac lune	.Co., en	BETV	PROXIMATE INTERVAL WEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	CHF EQUENCE OF		/		
	FICATION	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING			INAL DISEASE OR CON	DITION GIVEN IN PAR	-21
2	RTIFIC.	J.M.		HICH OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYING CAL	
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA) P.M.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	17 2)
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	21f LOCATION STREET	CITY OR TO	OUNT	Y STATE
		220.1 certify that (1) (this hospi saw the decease alive on above, (1) (we) (gid) (did no	1310.	1/2	nd that in (my) (our) opinion (death occurred on the de	ote and hour and from	
		226. SIGNATURE BU	lent atac		DEGREE MD ATTENDING PHYSICIAN	MEDICAL STAI	FF	PATE SIGNED
1		22d. PHYSICIAN'S NAME (TYPE O Bulen	2 1		22e ADDRESS ST. AGNES	HOSPITAL		
	(urial, cremation, removal specify) URIAL	23b. DATE 12/27/86		EMETERY OR CREMATORY PARK CEMETERY	23d LOCATION CITY OF TOWN BALTIMOR	E CITY MA	ARYLAND ^{STATE}

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

AMBROSE FUNERAL HOME 1328 SULPHUR SPRING RD.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Julia Divideon Resident



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

3 4 156

REGISTRAR		CERTIFICATE OF DEAT	H REG. NO	0.
I. DECEASED NAME FIRST	MIDOLE B	B and a		MONTH DAY YEAR 26 HOUR 12 25 86 4
3. SEX 4.	RACE	5 DATE OF BIRTH MONTH DAY Y	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	CITIZEN OF WHAT COUNTRY	? 8	9. BALTIMORE CITY O	YRS PR COUNTY OF DEATH
BAHIMARO Md.	11.5.A.	MARRIED NEVER MARRI	ED Bal	q at "
10. CITY OR TOWN OF DEATH.	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	et address) And Conte	ON 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
USUAL RESIDENCE (IF NURSING HOME ORO 130. STATE 136. COUNT		WN 13d INSIDE CITY LI	7604 /	ZIPCODE De 2120
Willram (BUSCH	15 MOTHER'S MAI	ADDRE	DIXON
160 WAS DECEASED EVER IN U.S. ARM (YES, NOOR UNKNOWN) (IF YES, GIVE Y	ED FORCES? 166 SOCIAL SEC WAR OR DATES) 2/2-36	17 INFORMANT	ve Busch	1 8839 Tidesebb
18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY:	~	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEO	stage Lupy s		DITION GIVEN IN PART 1(0
19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM TB PART I OR PART ?)
21d. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
22a.1 certify that (1) (this hospital saw the deceased alive on obove, (1) (we) (did) (did not)	12 25 19	, and that in (my) (aur)	opinion death occurred on the d	ote and hour and from the causes stated
	ND	DEGREE ATTEN PHYS		
122d PHYSICIAN'S NAME (TYPE OR	pelon, m	22e ADDRESS	rty medi	cal center
236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREM	CITY OR TOWN	y Rd Md.
24 FUNERAL DIRECTOR NAME March Funera	ADDRESS	Wabash Ave.	DEC 3 0 1986	256 REGISTRAR'S SIGNATURE

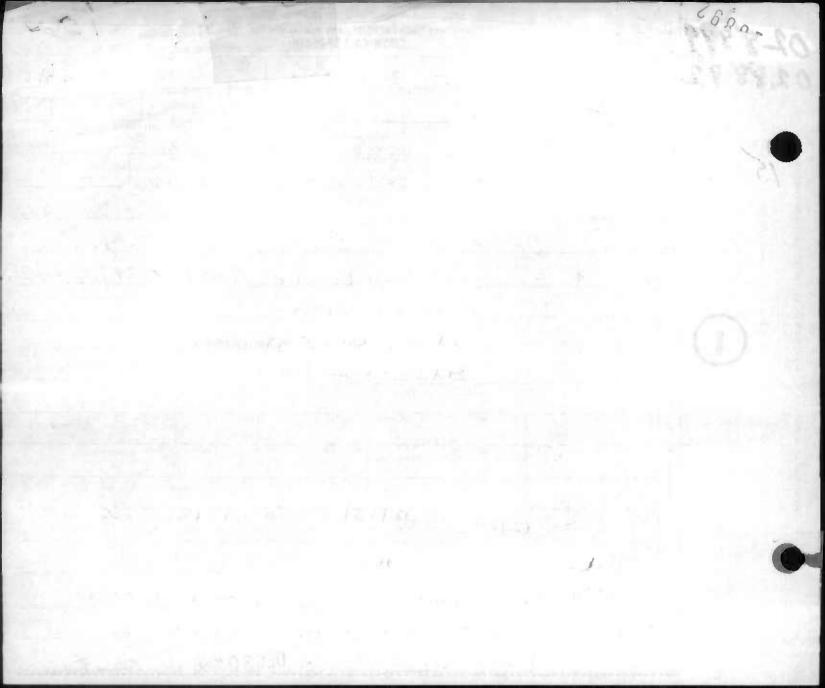
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior

arked ar Item 18 sha

IMPORTANT: If He



BALTIMORE, MARYLAND 21201

PRESTON ST.,

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	10.			
	20. DATE OF DEATH	MONTH /2-	06.	-86	26 HOUR
٦	A ACE INIVERSELATIVE	DYLLDAMI	IE LINIE	ED I VE AD	IE LINIDER TA LIR

	4. RACE	5. DATE OF BIRT	Н	0. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	EA
LE	BLACK	MONTH -	7-23 YEAR	63	RS.	AT:
I STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 ~		9. BALTIMORE CITY OR COL	INTY OF DEATH	H

I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

MIDDLE

WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION.

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

13e.STREET ADDRESS / ZIP CODE

MD. 126 KIND OF BUSINESS OR

BALTIN	nore	UNIO
USUAL RESIDENCE (IF		

aspe

136 COUNTY

IN PART Ito

NO [

REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

3. SEX

13a STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause Inst

	,	((c)					
	OTHER SIGNIFICANT		INS CONTRIBUTING T	O DEATH BUTNO	RELATED TO	THE TERMINAL D	ISEASE OR CONDI	TION GIVEN
0	IVEIN GIM	14.	01 1160	a W	UDRA	Jellan On		

19

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A,M. MONTH DAY

216 TIME OF INJURY

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE

211. LOCATION STREET

CITY OR TOWN COUNTY

22a | certify that (1) (this hospital) attended the deceased fram saw the deceased alive an above, (I) (we) (did) (did not) view the bady after death.

DEGREE

and that in (my) (aur) apinian death occurred an the dote and haur and fram the causes stated

22c. DATE SIGNED

22b. SIGNATURE

ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

22e. ADDRESS

BP	
	Admit 1

MPORTANT: #

ā 0

8

marked or

21 is n

prior

for use as the burial-transit per of Health and Mental Hygiene

ATTENDING

CERTIFICATION

TO FUNERAL DIRECT should be detached for with the State Dept. a

250 DATE REC'D. BY REGISTRAR

1 E T. Transection TV Per American India ESPERANCE UNITED THE FREE PARK THE PARK THE PROPERTY OF THE PARTY OF TH EDDIE E EXERCE FRANCES 15 328 3 501. 120 NE BEDDELL SAL STEEL STEEL SAL and the second second EDEFINE TO THE GROWNS WITE IN CHEWARD THE HARMAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 026565 DEC IN 85 REGISTRAR CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 86 Bennett 12 Jasper IF UNDER I YEAR 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 30 1 9 AR Black 67 Male BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City SC USA DIVORCED [10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Eutaw USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Balto Md . 1701 Eutaw Place 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME Margaret AA IDDUE Bennett Barnwell John ADDRESS Kensington, Md. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES Carl Bennett 3403 Murdock Rd. 18. CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c), PART I. DEATH WAS CAUSED BY: Nie - Dir Mona unknown. IMMEDIATE CAUSE 10 scher milnuly from Conditions, if ony, which gove rise to immediate cause (a), stating underlying couse imcer PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NEGLESSI DIVISION OF VITAL RECORDS. CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per AU YES 🗍 NO I urial-transit p NO YES T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) marked or Item 18 THADAY YEAR HOUR A.M. MON OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, ACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE VOU (1) (this haspital) attended the deceased fram_ NOU SE 20 and that in (my) our) opinion death occurred on the date and hour and from the causes stated above, () (we) (did (did not) view the bady after a be detached to State Dept. DEGREE 22c DATE SIGNED MPORTANT: IF ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS shauld b 230 BURIAL CREMATION, REMOVAL STATE Va. rlington Nat'l Cem Arlington

McCulloh Street

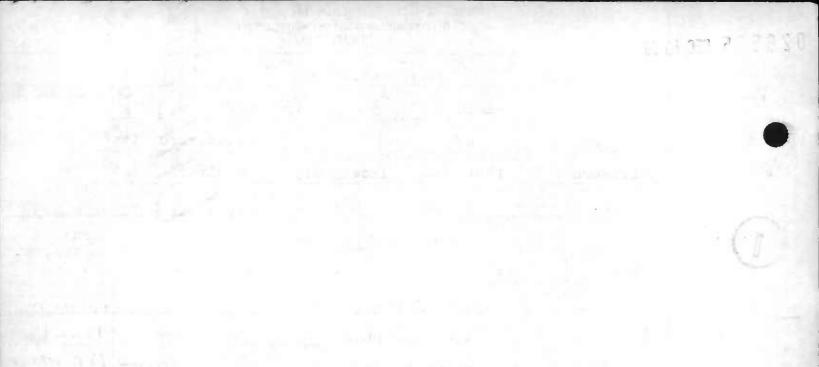
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DHMH - 16 60M 1/75 (VR A 15 (4))

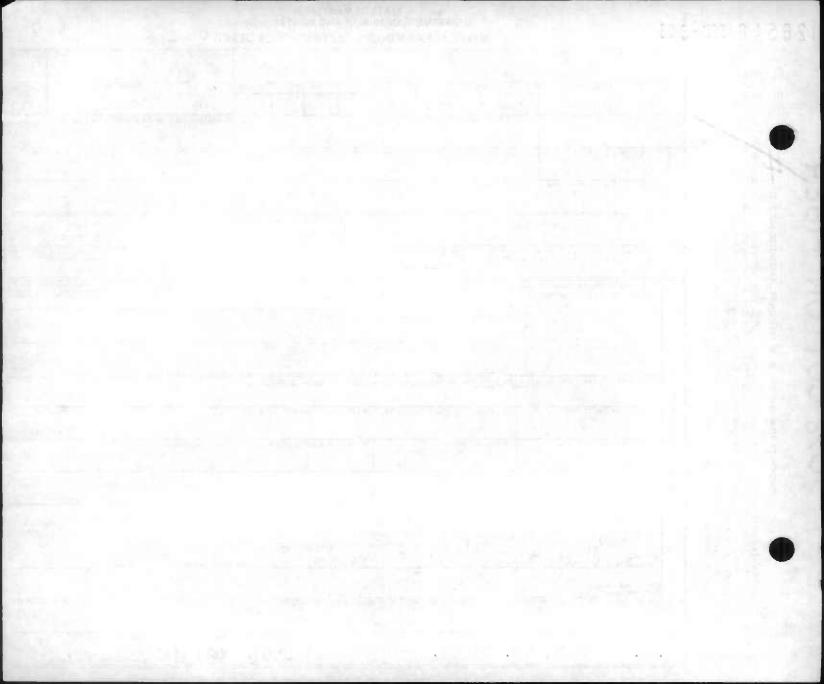
Burial

Chatman-Harris FH 1701

24. FUNERAL DIRECTOR



265	4 6 DEC -	1 18	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6								
200	4 0 020		REGISTRAR		ME		NER'S		OF DEATH	REG. NO.	-4	7	
			CEASED NAME	FIRST		WIGOLE		LAST	2a. DATI	ESTI- H MATED	MONTH DAY	YEAR 26 HOL	
	IN PLEASE LIRECTOR. CON FILES. CON STREET,			JOS	SHUA	J		BENNE'	TT DEAT	H MATED	12-4-861	9	
	PLEASE CCTOR. FILES.	3. SE	X	4. RACE	S. DATE OF BIRTH	6 AGE (IN		DER 1 YR. IF UNDER			MONTH DAY	YEAR 2d. HOL	
	N. 25 CH.	N	fale	В	4 12		YRS.	HS CAYS HOURS	MIN. PRONO	AD	12-4-86	9 6:571	
_	SA TEST	7a. B	IRTHPLACE (ST	ATE OR	76. CITIZEN OF W		8 MARR	IED NEVER MARR	P BALT	MORE CITY OR	COUNTY OF DE		
	DESCENO			MD	USA	1	WIDOV	and the second s		imore C	ity	A	
1	A GENERAL STATES	10. C	ITY OR TOWN		(IF NOT IN SUCH F	SPITAL, NURSING HO	(5)	ER INSTITUTION		UPATION (TYPE C	F WORK 12b KINI	D OF BUSINESS	
/	DON'S OF THE PARTY	USU.	Baltimo			Dallas Ct							
21201	IF ANY DEL		MD	13b. COU		Baltimon	e	YES NO	13. SIREET ADD	. Dallas	Court	21231	
WD	TOWN STATE	14. F.	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	WIDOLE	L	IST	
E.	28.35		Willia	m		Bennett		Elva			Hens		
WO	N S S S S S S S S S S S S S S S S S S S	160.	WAS DECEASED	EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDŖESS			
BALTIMORE, MD.	S AFTE GIVE I ITH FO PAGE IVISIO		Yes	(* 105, 01	t was one of the	213-12-66	65	Mary Bla	ckledge	914 N.	Linwood	d Avenue	
	N N N N N N N N N N N N N N N N N N N		18 CAUSE OF	DEATH (Enter of	only one couse per lin	e for (o), (b), and (c).)	leroti	c cardiova	scular d	isease	APP BETWE	ROXIMATE INTERVAL EN ONSET AND GEAT	
W. PRESTON ST.,	24 H ITEM ITEM PERA OGIENI				ATE CAUSE (o)								
EST	ZZZEZQ		Condition	s, if ony, which		R AS A CONSEQUENC	E OF						
4	WITHIR ENCIL IN AINER V TRANSI NTAL H'		gave ris	e to immedio	re (b)								
201 W			lying caus	stoting the <u>unde</u> se last.		AS A CONSEQUENC	E OF						
DS,	2 2 - 0		PART 2 OTHER SIG	NIFICANT CONDITION	(c) IS <u>Contributing to death</u>	BUT NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION GIVEN IN PA	IRT 1 (a)				
9	D BE EXECTED BY WED ING." MEDICAL AS A BUI EALTH AN CREMATI	Z											
DIVISION OF VITAL RECORDS,	CERTIFICATE SHOULD STRING THE WORD "PER DEED TO THE CHIEF ME 3 SHOULD BE USED A SHOULD BE DEPARTMENT OF HEAD OF PRIOR TO BURIAL, C	CERTIFICATION	190 DATE OF	OPERATION	19b COND	TION FOR WHICH OF	ERATION W	/AS PERFORMED?				AD°SÖNLY)	
>	THE SHORD HE CHILD BE US	E	ZIa EXTERNA	L CAUSE WAS	21b. TIME O	FINILIRY	71s H	OW INJURY OCCURRE	D SENTER NATURE OF	INJUDY IN ITEM 10 DAG		SXX NO	
0	AHHHA MET		UNDERLYING	OR	HOUR A.A	A. MONTH DAY YE		o www.	D (content on the or	113041 114 11671 107 14	ni ron rani 2)		
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DIVIS	TAAAA2	ME		NOT WHILE AT WORK		TORY, FARM, ETC.)		STREET	CITY OR	IOWN	COUNTY	STATE	
	JER: THI CATE, W FORWA FORWA OR: PAG THE STAT		22a. I certif	y that I took cho	rge of the remains de	HEAD DONLY)	Autop	sy X. Inspection	n . Inqui	y and	in my opinion		
Pe_ 0	A THE STATE OF THE		death resulte		urol couses X.		Suicide	, Homicide .	Undetermined	monner ,			
	WIT WIT WAR		Cowarrous	Win.	1	11 00		TITLE (SPECIFY)					
	AL HALL		SIGNATURE_	much	rite 10th	Joseph	N	D.Assistant	MEDICAL EX	AMINER	DATE 12	-5-86	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STILMORE, MARYLAND, 2		EXAMINER'S I		Margarita	A. Korell	, M.D.	-	11 Penn				
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	73a D	(TYPE OR PRIN	ION, REMOVAL		23c NAME OF C		ADDRESS	Trad LOCATION	1			
		130.0	Buri		12/9/86				23d. LOCATION CITY OR TOWN		COUNTY	MD	
07/84 25M	BP	24 F	DUT I		12/9/00	westvi	ew He	morial Pk.	Baltin REC'D. BY REGIST		RAR'S SIGNATU		
	DHMH - 17 (VR A15 ME (5))				, Inc. ADDRES	01 E. Nort	h Ave		C 8 1986	1.	Tinder Pa	adaes	



Item: 230 0-622 12/17/85

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO MONTH 7h HOUR

~		12	06	1986	3.1	(
	6. AGE	(IN YEARS LAST BIRTHDAY)	IF U	NDER I YEAR	IF UNDER	24
			MON	HS DAYS	HOURS	_

BALTIMORE

UNEMPLOYED

ABALTIMOREIMO, ZIZZ9 408 LOUDON AVENUE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	BETWEEN ONSET AND D
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pirlamona - Premonocys	is Carini
IMMEDIATE CAUSE (0)	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which (16) Acquired Innure Defice	incy Syndiane
gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF	
underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Co. Renal failure c focal	Danella de la Pais
(c) rende factive e total	derries de sour q
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	IAL DISEASE OR CONDITION GIVEN IN PART 110

ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

YES T

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE 106

22c. DATE SIGNED

PILLAI

PHYSICIAN 22e ADDRESS

DIRECTOR PHYSICIAN A

BURIAL

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY

23d LOCATION BATIMORE

STAFF

DHMH - 16 60M 7/84 (VRA 15, 4)

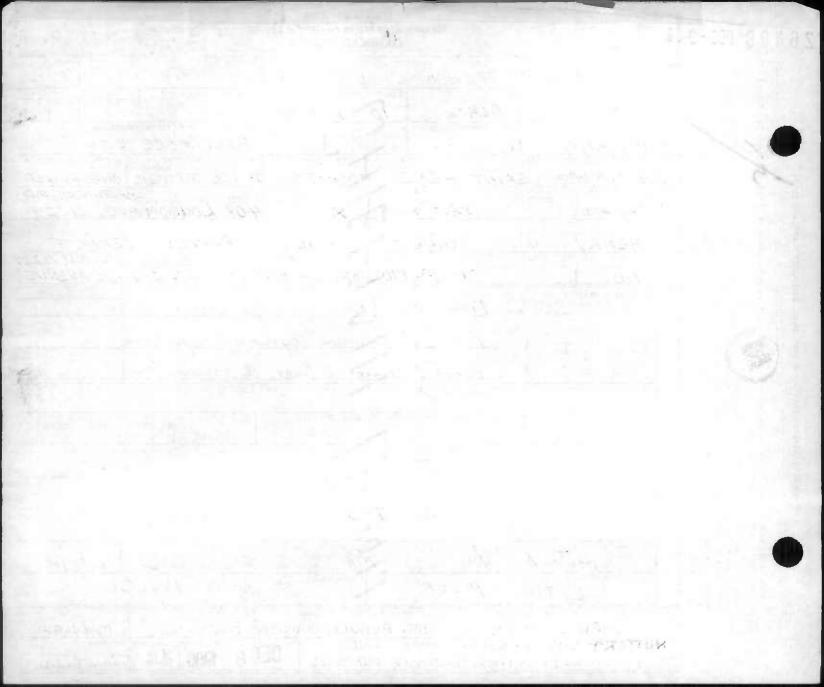
HOME, INC. 11 NUTTER SONS FUNERAL 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

12/11/86

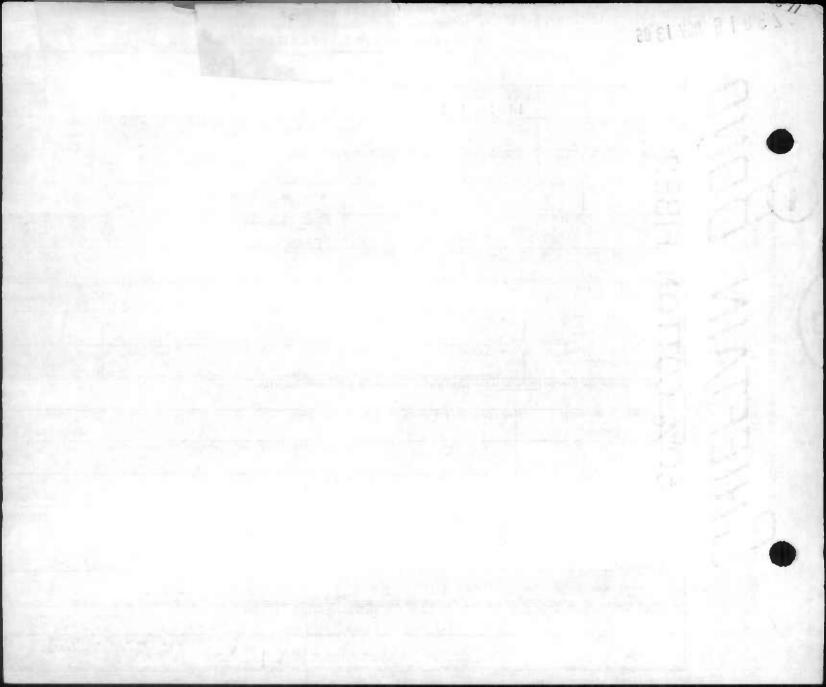
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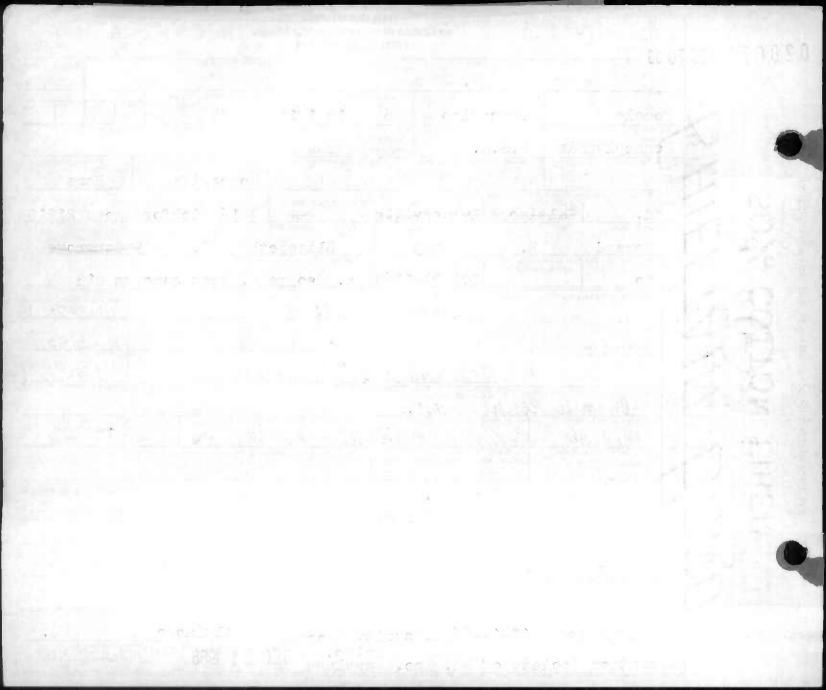
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		1.7	REGISTRAR CEASED NAME	FIRST	MEL	OICAL EXAMIN	FK.2 C	LERTIFICATE OF	DEATHO	REG. NO.			
			PE OR PRINT)			MIDDLE			20. DATE KI	ESTI-	DAY DAY	YEAR	26. HOUR
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	CESSA HILLERAL FOR THIN THIN REST	1	laryland		U.S.A		WIDOW			more Ci			MD.
1	PAGE PAGE S, 20		altimore		IF NOT IN SUCH FAC	PITAL, NURSING HOME PILITY, GIVE STREET ADDRESS) Broadway	, or oth	ER INSTITUTION	FOR MOST OF WORKI	ATION (TYPE OF W	ORK 12b K	CIND OF BU OR INDUSTE	SINESS
1201	F ANY DELAY IS HEREIN PAGE SHOULD BE PAGE RECORDS, 20	13a. S		SING HOME OR OTHI	ER INSTITUTION, GIV	eresidence before admission 13c. CITY OR TOWN Baltimor			3e STREET ADDRESS		212	231	
Jġ.	- NONE		ATHER'S NAME					15. MOTHER'S MAIDEN	NAME		У		
E, A	URS AFTER DEATH 18. GIVE PAGES 1, WITH FORM PM. 11. PAGES 1 ARD DIVISION OF VIT		ohn	MID		enton		Francis	MID	_	hnso	LAST	
WO	NO N	160	WAS DECEASED EVER	NU.S. ARMED F	ORCES?	166 SOCIAL SECURITY	'NO.	17. INFORMANT		ADDRESS	111150		1229
E	AFTE NVE. F SION	- 0	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR O	R DATES)	213-36-0	909	Catherine	Innes	8 Ston	ocro		
a.	WITH PARTY			H (Enter anly and	cause per line	far (a), (b), and (c).)	707	loacher the	Jones	3 SCOII		APPROXIMATE	INTERVAL
Z ST	VITHIN 24 HOU ICIL IN ITEM 18 INER ALCING I RANSIT PERMIT FAL HYGIENE, I REMOVAL.	10	PARTIDEATH WAY	AC CALICED BY			s, ar	teriosclero	tic cardi	ovascul	8.6	TWEEN ONSET	T AND DEATH
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× .	TED WITH N PENCIL XAMINE AL - TRAN MENTAL N, OR RE		gave rise to cause (a) stating		DUE TO, OR	AS A CONSEQUENCE C)F						- 4
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8	HOULD BE EXECTED THE MEDICAL CASE AS A BUILD OF HEALTH AND INCIPLE AS A BUILD OF HEALTH AND INIAL, CREMATI	Z											
82	PET WELL	1 E	190 DATE OF OPERA	TION	196. CONDITI	ON FOR WHICH OPERA	W NOITA	AS PERFORMED?			20	AUTOPSY?	
¥	SP C C C C C C C C C C C C C C C C C C C	Ē	E A SEC									YES 🔀	NO 🗆
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD	S CERTFICATE SHOULD RITING THE WORD "PE RDED TO THE CHIEF M E 3 SHOULD BE USED A E DEPARTMENT OF HER OI PRIOR TO BURIAL, C	AL CERTIFICATION	210. EXTERNAL CAUS UNDERLYING CONTRIBUTING C		216. TIME OF HOUR A.M.	MONTH DAY YEAR	21c HC	OW INJURY OCCURRED	(ENTER NATURE OF INJUR	RY IN ITEM TO PART I	OR PART 2)	TES CA	NO L
Sio	SHO SHO	MEDICAL	21d INJURY OCCURR			F INJURY (AT HOME,	211, LO	CATION					
DIV		ME	WHILE AT WORK AT WO	WHILE	STREET, FACTO	ORY, FARM, ETC.)	S	TREET	CITY OR TOWN	4	COUNTY		STATE
	EXAMINER: THI CERTIFICATE, W JID BE FORWA DIRECTOR: PAC WITH THE STAT AARYLAND, 212		22a. I certify mat to	Natural cas	157/	ribed above, held an	Autaps	sy X, Inspection	Inquiry [my apinian		
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	CALEXA SHOULD SHOULD ERAL DIRE EATH, WIT		ACTUAL SIGNATURE	July P	9 VI	h	M.	Assistant	_MEDICAL EXAMIN	JER S	ATE 1	1-7-8	6
	SE PONTE	-	EXAMINER'S NAME (TYPE OR PRINT)	Charle	s P. Kol	kes, M.D.		ADDRESS 111 P	enn St.,			9- T	
	DAT PAGE	23a.B	URIAL, CREMATION, RE	MOVAL 236 DA	ATE	23c. NAME OF CEM			23d. LOCATION		COUNTY		
07/84	BP		BURIAL	111/	11/86	Eastv	iew	Cemetary	Baltime	ore	Ma	rv1ai	
25M	DHMH - 17		UNERAL DIRECTOR				-	25g, DATE REC	D. BY REGISTRAR	Mb REGISTRA	b's signi	ORE	
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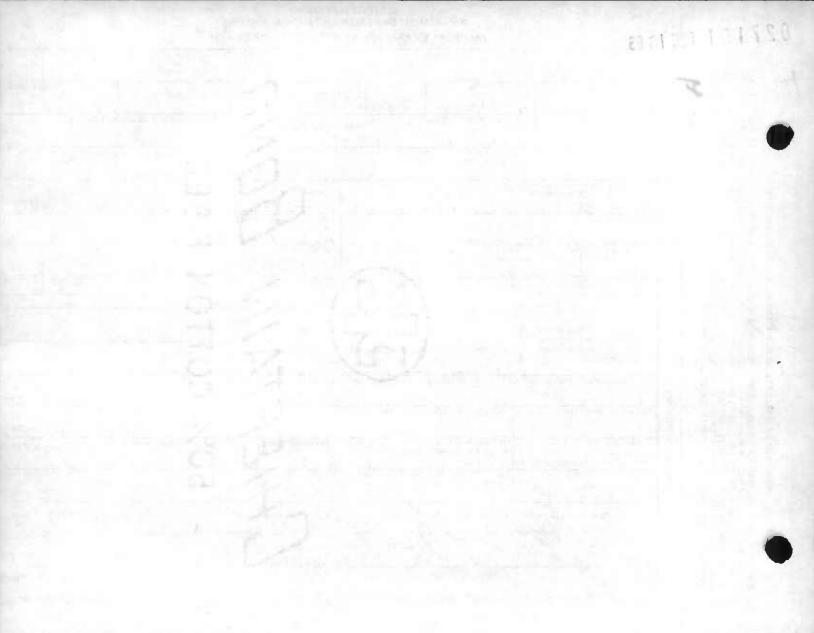


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126	825 DEC		STATE REGISTRAR		MED			CERTIFICA		H O .	EG. NO.	ا ا	0 3
20	0 2 0 010		CEASED NAME	FIRST		MIOOLE		LAST	2	DATE KNOW	NN [] MONTH	1 OAY	YEAR 26 HOUR
	ASE OR. URS URS EET,			Freder	rick			Berry		DEATH MATE		6 19	00
	L SSARY, PLEASE CONTRACTOR. S FOR YOUR FILES. WITHIN 72 HOURS WITHIN 72 HOURS	3. SEX		ack	DATE OF BIRTH	1936 5	MON			RONOUNCED DEAD		DAT	YEAR 2d HOUR
	SSAR ALD STOIL	7a B	RTHPLACE (STATE OF		b. CITIZEN OF WH		12	RIED NEVER		BALTIMORE	12		00 I M
			Penn		USA				IVORCED	Baltin	nore Ci	ty	MD
	ANY DELAY IS N. AND 3 TO THE FU. RETAIN PAGE 5 F. SHOULD BE FILED. W. I. RECORDS, 2011 W. B.		Baltimon	re	1. NAME OF HOSP (IF NOT IN SUCH FAC Marylan	d Gener	al Hosp		FOR M	AL OCCUPATIO OST OF WORKING LII Disabled		OR IN	OF BUSINESS IDUSTRY
21201	ANY D AND 3 AND 3	13a. S	AL RESIDENCE (IF IN N TATE	136 COUNTY	OTHER INSTITUTION, GIVI	ERESIDENCE BEFORE 13c. CITY OR TO Baltimor	OWN	13d INSIDE CITY LII	MITS? 13e STRE	et address	v Avenue	21217 Apt 10	
BALTIMORE, MD. 2120	S AFTER DEATH, IF, SITE FORMS M. 3. AAGES TANDES RISION OF WALL RISION OF WALL R		ATHER'S NAME FIRST		MIDOLE	Berry		15. MOTHER'S FIRST Rose	MAIDEN NAME	MIDOLE		Clar	
LIMO	FOR ON O	16a V	VAS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. ARME		16b. SOCIAL S		17. INFORMAN		AD	DRESS		
B≱t.	URS AF WITH WITH T. PAG DIVISI		Yes 18. CAUSE OF DEA	711/5	one couse per line f	199-28-8		Linda I	Berry			A 000 C	OXIMATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	MER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PA FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR OR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES I HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if gove rise to couse (o) statin lying couse los	immediate ng the <u>under</u> t.	CAUSE (o) DUE TO, OR A (b) DUE TO, OR A	as a consequ	JENCE OF	hot woun				961466	n Onset and Death
CORC	S A B	N	TAKE 2 OTHER STORES	tur conditions (or	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I d								
ITAL RE	SHOULD BE CHIEF MEDIC CHIEF MEDIC E USED AS A T OF HEALTH URIAL, CRE	CERTIFICATION	19a DATE OF OPER	RATION	196 CONDIT	ION FOR WHIC	H OPERATION \	WAS PERFORMED)?			20 AUT	
ONOF	FICATE SHOUT THE WORD OUT BE USE REMENT OF THE BUSE OSE TO BURIA		210 EXTERNAL CAL UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M. ATH 3: 3()PXMX	MONTH DAY	YEAR	ubject s		ATURE OF INJURY IN	ITEM 18 PART 1 OR I	PART 2)	
DIVISIO	HIS CERTIFIC WRITING TH WARDED TO TO AGE 3 SHOUT ATE DEPARTMENT OF THE PROPERTY OF THE PROPERY	MEDICAL	21d. INJURY OCCU WHILE NO AT WORK AT	RRED T WHILE X WORK	21e PLACE O STREET, FACTO hom	FINJURY (AT	HOME, 21f. LC	STREET	w Ave.	city or town Baltin		OUNTY	STATE
•	WEDICAL EXAMI CUTE THE CERTIFIC SE 4 SHOULD BE FUNERAL DIRECT ER DEATH, WITH TIMORE, MARYLY			t I took charge o	of the remoins desc causes [], [argarita	Accident ,	Suicide _	Homicide TITLE (SPECI	ant MEDIC	Inquiry, rmined monner CALEXAMINER 1 St.	ond in my o	E _{NED} 12	2/6/86
07/B4		23a. B	URIAL, CREMATION, BURIAL	REMOVAL 23b.		23c. NAME		OR CREMATORY	CITY O	CATION R TOWN		UNTY	^s PÅ
25M	DHMH - 17 (VR A15 ME (5))		uneral director March Funera	al Home We	est 4300 Wa			250.	DATE REC'D. BY		REGISTRAR'S	SIGNATURE	andres

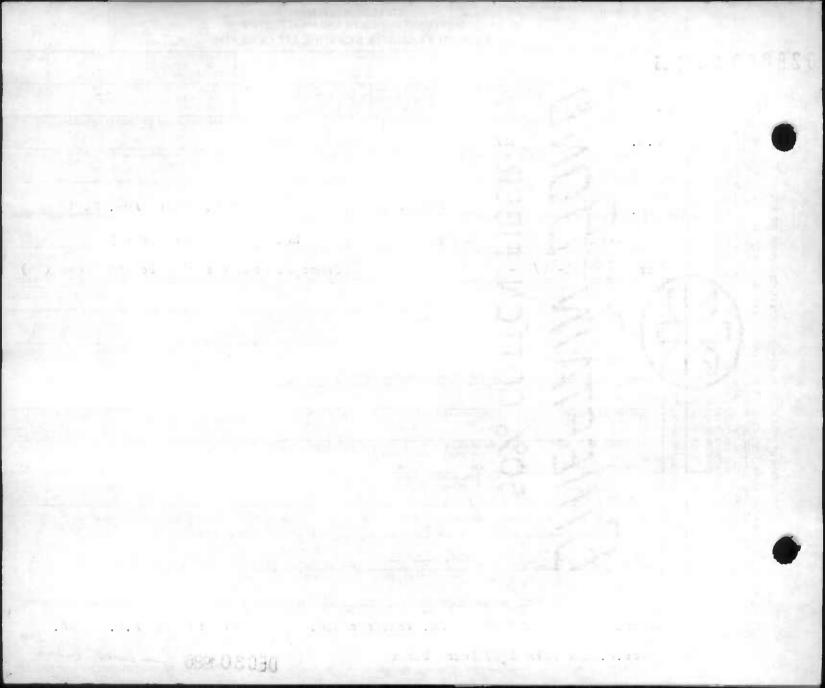
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AMEVIANG 21201 sed within 24 hours other only citied in by the cond 2 should be falled in a commence of the	P IQ C BA USU IA F	Mo
RYL 52 by	14 F.	ATH
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AORE cond co	16a.	WAS
1 2 55		I
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDANG PHYSICIAN. The law requires that the Gearly vertilicate be executed within 24 hours office disability that hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate there agreed by the differing physician and completely filled in by the fullency displays and seasoned for use as the bursal trainst permit. Then plays arrows carboticopers, Pages J, and 2 shariff be filed. The 72 hours with the State Dept. After the and Membel Mygiene pro- 16 thing is governors, event, the neadcal political and Membel Mygiene pro- 16 thing is governors, event, the neadcal political and do one. INPORTANT: If them 21 is marked or then 18 shows only inflats, of other grounding event, the neadcal political and only one.	MEDICAL CERTIFICATION	18. Cong coculum PAA 19a 21d OR (21d 22d 22d 22d 22d 22d 22d 22d 22d 22d
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	1	Items: 13c,: FOR STATE1/6/87 FH			TE OF MARYLAND HEALTH AND MENTAL HY	GIENE 8 5	3 4 ! 6 3
028078 DEC:	20	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
* 04		CEASED NAME FIRST GRACE	MIDDLE	BEST	LASI	20. DATE OF DEATH MONT	III HOOK
4 600 ·	3. SEX		R.		OF BIRTH	DECEMBER 16,	
To the de	F	emale	Caucasiar	n 601		74	MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN OUNTRY) ennsylvania	7b. CITIZEN OF WHAT COL	JNTRY? 8 MARRII WIDOW	ED NEVER MARRIED	BALTIMORE CITY OR CO	
2 23 4955	Cont.	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, THE JOHNS HO			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	12b. KIND OF BUSINESS OR INDUSTRY HOME
NO 212	USUA 30. S	L RESIDENCE (IF NURSING JOME OF TATE NO COUNTY BALL	OTHER INSTITUTION, GIVE RESIDEN NTY Timore Futt	CE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	code Cord Road 21210
1 1 4 15 1		THER'S NAME		ICI VIII	15 MOTHER'S MAIDEN N	AME	Updeq pove
W P D D	/	Howard	H. F	Rapp	Elizab	eth C.	Updegusove Updergrove
# 5 5 5 T		AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIA	AL SECURITY NO.	17. INFORMANT	ADDRESS	O pare Later
A 100 D	(1	es, no or unknown) (IF yes, Giv	(E WAR OR DATES)	34-2364	Mr Georg	e E. Best sa	ma ac #13
F - 000 - 0		18. CAUSE OF DEATH (Enter or			TIME GEOLE	e L. Dest sa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
St., B		PART I. DEATH WAS CAUSE	D DV	haron	Failure		MMMALS=1
STON BETTER OD SECOND		Canditians, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF	e perican	ditio	muleks= 3
hor the distribution of the pro-		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO		ademo can	cinoma	months=
RDS, 20	NO	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTION	NG TO DEATH BU	NOT RELATED TO THE TER	minal disease or conditio	N GIVEN IN PART Tra
8 11117	CAT	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
T INTE	CERTIFICATION	12/4/86	Construct	me pe	ricardino	YES NO	CERTIFYING CAUSES OF DEATH? YES NO NO
OF VIII	100	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
S S S S S S S S S S S S S S S S S S S	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM STC)	21f LOCATION	CITY OR TOWN	COUNTY STATE
S 04 14 9 95	2	MANN TON MAINE	(ATTIONAL, STREET, FRCTORT,	OFFICE, FARM, ETC.)		1	
D A STORY		220.1 certify that (I) (this haspi	tol) attended the deceased	WIII	86 , 19 86	e 10 12/10	, 19 <u></u>
2 4 4 5 FEE		saw the deceased alive on abave, (1) (we) (did) (did no	it) view the body ofter death	_19_ <i>50</i>	nd that in (my) (our) opiniar	n death accurred on the date ar	nd haur and from the causes stated
A WELL		22b. SIGNATUJE	1		DEGREE		22c. DATE SIGNED
41 484E		I none	WC		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 12/16/86
TO HOSPITA TO PUNERA With the Stolin MADORTANT		22d. PHYSICIAN'S NAME (TYPE O	1HUN	40	10 ADDRESS	opleina Hora	m
54 53 3	23a. R	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	123d LOCATION	
BP		Cremation	12-17-86			Baltimore	e Md.
		INERAL DIRECTOR		т.	Balto. 13 DA	TE REC'D. BY REGISTRAR 25% R	
DHMH - 16 60M 7/84 (VRA 15, 4)	Cr	remation Soci	ety of Md.	Inc. 1	Maryland DE	C 2 1 1986	a Devideon Rondoll





		1-	FOR STATE		AAP		MENT OF	EALTH	ARYLAN AND M	ENTAL H		55		3	4	3	o	
		1.00	REGISTRAR	E FIRST	ME	MIDDLE	EXAMIN	ER'S C	ERTIFIC	CATEC)F DE	ИН	REG.					
121	3 6 8 0 DEC		CEASED NAM	James	5	WIDDLE		Be	ethea			10	KNOWN ESTI- MATED			16 19 8	AR 26 HOU	
	PLEA FILE HOUNT TREE	3. SE	X	4 RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER	24 HRS	2c. DATI	E	MON			AR 2d. HOU	
	ON SON		Male	Black	7/28/3		56 YR		DATS	HOURS	MIN.	DEA	D			16 19 8		
	CESS INERAL		RTHPLACE (5 OREIGN COUNTRY) S.C.	TATE OR	USA	**MARRIED # NEVER MARRIED 9. BALTIMORE CITY OR C USA WIDOWED DIVORCED Baltim						_						
>	CESSARY, PLEASE TO THE INFERLI DIRECTOR. PACE S'FOR YOUR FILES. HELLED, WITHIN 72 HOURS IS THE WARRESTON STREET, C		altimo		11. NAME OF HOS	CILITY, GIVE S	TREET ADDRESS)		ER INSTITU	TION		JAL OCCL	PATION (BUSINESS	
And the same	ANN E ANN E COULD SHOULD SHOUL	13a. S	AL RESIDENCE TATE Md.	(IF IN NURSING HOME	OR OTHER INSTITUTION, G	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		IN)	13d INSIDE C	ITY LIMITS?	13e STR	EET ADDR	ESS Fulto	on A	ve.	2121	7	
	ES ATH			ddie	MIDDLE LAST Bethea				F	R'S MAIDE IRST Lola	EN NAME		Mont	gom		LAST		
	C. BALTINGIE URS AFIE DE 8. GIVE PRES B. GIVE PRES B. GIVE PRES DIVISION	16a. V	WAS DECEASE (ES, NO, OR UNKNO Yes	DEVER IN U.S. AF	RMED FORCES? 0//6-54	16b. SO	CIAL SECURITY	NO.	Jame:		Matt	hews	ADDRE 2218		lar	r Grove (16)		
	PRESTON ST., THIN 24 HOUR CIL IN ITEM 18. VER ALONG W ANSIT PERMIT. AL HYGIENE, D REMOVAL.	7	Canditio gave ri	IMMEDIA ns, if any, which se to immediate stating the under	ATE CAUSE (a) DUE TO, OR (b)	Smok as a con), and (c).) (e and s NSEQUENCE C)F	inhal	lation	า					APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH	
	RECORDS, 201 W. ID BE EXECUTED W PENDING" IN PEN MEDICAL EXAMI O AS A BURIAL - TR HEALTH AND MENT IF	NO	PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATED TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN IN PA	RT 1 (a),							
	SHOULD ORD "PER ORD "PER ORD "PER ORD "PER ORD A DE USED	IFICATI	19a. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPERA	ATION W	AS PERFOR	MED?						20. AUTO		
	DIVISION OF VITAL S CERTIFICATE SHOUL RITING THE WORD " RDED TO THE CHIEF SE 3 SHOULD BE USE E DEPARTMENT OF IT OF RICK TO BURIAN OF RUSH	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI 21d INJURY C	NG CAUSE OF	DEATH ? XX	1. MONTH	DAY YEAR 1619 81 (AT HOME,	6 Ho	OW INJURY OUSE f		D (ENTER	CITY OF TO		18 PART 1 C	COUNT		STATE	
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SECULE THE CERTIFICATE WITH MOST PAGE 4 SHOULD BE FORWARDED TO THE CAFTER DIRECTOR, PAGE 3 SHOULD BE AFTER DESTROYRE AGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT	5	AT WORK	fy that I took char ed from: Note	hom ge of the remains des prol causes ,	Accident	ove, held an	Autaps	2 N. F	Inspection ide PECIFY) Stant	Undet		alto.	and in m	ATE GNED	an	MD.	
07 25	2 2 2 2 4 7 7 7 84 BP		Burial UNERAL DIREC		23b. DATE 12/23/86 SPA 1300 E	Mo	NAME OF CEM l. Vete Place	ETERY O	Cem.	250. DATE	C:TY C:		1	GISTRA			d .	
										U	EV-V							



James S. Kirkley, Glen Burnie, MD

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SZ

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	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH									
-	I DEC	FIRST PIRST	Oler	DI	IAST / T	20. DATE OF DEATH MOT	1-101	f. to pr		
	3. SEX		1. RACE 5. DATE C			6 AGE (IN YEARS LAST BIRTHDA		IF UNDER 24 HRS		
	Female		White		JNE 30, 18 9 6	100 YRS				
1	70 BIRTHPLACE (STATE OR FOREIGN Maryland		Ι 11 S Δ		D NEVER MARRIED	Baltimore City Baltimore City		MD.		
2	10. ⊂1	TY OR TOWN OF DEATH	11. NAME OF HOS	I WIDOW SPITAL, NURSING HOME (CILITY, GIVE STREET ADDRESS) d Nursing Ho	OR OTHER INSTITUTION	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO Seams tress	DRKING LIFE) 126. KIND C	OF BUSINESS OR		
C.	13a. S M a	aryland		RESIDENCE BEFORE ADMISSION) CITY OR TOWN Baltimore	136. INSIDE CITY LIMITS? YES K NO	13e STREET ADDRESS / ZI 6000 Bellor	r cobe na Avenue	21212		
e	14 FA	THER'S NAME FIRST Edmond G. C	ler	LAST	Adelaide F. Forwood					
V			MED FORCES? 16b	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
		No	2:	16 28 0992	Lydia Becker	6917 Lachla	n Circle B	21239		
	3.									
	NOIL	PART 2 OTHER SIGNIFICANT (CONDITIONS <u>CONT</u>	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERM					
7 51	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	ON WAS PERFORMED		DE IF YES, WERE FINDE CERTIFYING CAUSES YES []			
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M.	MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	UD		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF I	INJURY FACTORY, OFFICE FARM, ETC.)	214. LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
		22a I certify that (I) (this hospi saw the deceased grive on above, (I) (we) (dig) (did no	73		and that in (my) (aur) opinion	death accurred on the date	and hour and from the			
		22b. SIGNATURE	h			MEDICAL STAFF DIRECTOR PHYSICIAN	724 DATE	2/7		
		770 PHYSICIAN'S NAME (TYPE O			5218 M	cinflance Wa	y (Saw	140		
		urial, cremation, removal Specify) Burial	12/10/19		Cemetery or Crematory	23d LOCATION Luthervill	e, Balto.C	Co., MÖ		

DHMH - 16 60M 7/84

BP.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other troumatic TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rem with the State Dept. of Health and Mental Hygiene prior to burial, crema

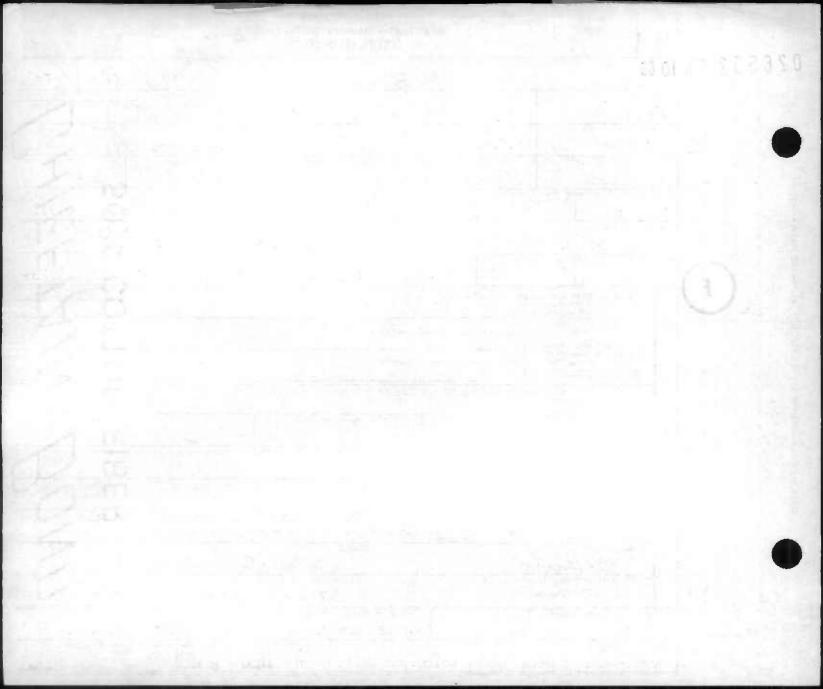
(VRA 15, 4)

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Burgee-Henss Funeral Home, Balto., Md 21211

DEC 9 1981

Tordon Pardale



1			STATE OF MARYLAND	- A	A LAA				
DEC 23	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.								
1	WILLIAM		ANMENSHIP .	12/ 2/8	2 PAY 2-86 26 HOUR 25084				
7 25	Male	4. RACE White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR: MONTHS DAYS HOURS MIN				
35 7a. 1	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	CTTY A				
12	BALTIMENE!	DIF NOT IN SUCH FACILITY, GIVE STREET	AL Sinai Hospita	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Machinist -	126. KIND OF BUSINESS C G LIFE) INDUSTRY Beth. Steel				
7 I 13a	STATE 131 COU	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 130. CITY OR TOW Stevens	N 1134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	obe 21666				
10	TATHER'S NAME FIRST William A. Blan	MIDDLE LAST kenship	FIRST	IS MOTHER'S MAIDEN NAME Catherine Lutts MIDDLE					
00 160 160 160 160 160 160 160 160 160 1		MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) WII 2/9-07-3		ankenship sa	me as above				
, ar other traumatic even	Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF CAVERE	NINAL DISEASE OF CONDITION	GIVEN IN PART I I G				
8 sifers any injury CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO				
100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)				
MEDICAL	21d. INJURY OCCURRED ILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
n 21 n m	saw the deceased alive an abave, (1) (we) (ave) (did no	tal) attended the deceased from 19		death accurred an the date and					
	220 SIGNATURE Le	elanl		MEDICAL STAFF DIRECTOR PHYSICIAN	12/2/86				
	CAROLE A.	FREGIAND.	me Sinia Haspi	tel Belveder	2 al greenson				

13c. NAME OF CEMETERY OR CREMATORY

Lakeview Cemtery

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24. FUNERAL DIRECTOR Tom Helfenbein Funeral Home, Chester, MD 21619

12-06-86

236 DATE

Sykesville Carroll
250. DAIE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DEC 4 1986 Julia Davidan D Julia Dividson Pondad

COUNTY

STATE

MD

23d. LOCATION CITY OR TOWN

Indeed to be a restriction of the bases sends to the send of the s cours factors for the contract of the first great actual entraneal Christian Inton avois se ame to be a la company of the company of t Con Malford Transmit Inner, Chester, 12 21679

01 011	FOR			DEDADTAGE	NT OF HEAL	MARYLAN		CIENE		47 344			
3 601-	STATE REGISTRAR				AMINER'S				HO .	EG. NO.	4 1	0	3
	ECEASED NAME	FIRST		MIDDLE		LAST			DATE KNO	WN M	ONTH DA	Y YEAR	2b. HOUR
1 ("	YPE OR PRINT)	HELEN	A.		F	BLITZ			OF EST DEATH MAT		2 28	1986	
3. SE	X	4. RACE	5 DATE OF BIRTH	YEAR 6. /	AGE (IN YEARS IF		IF UNDER 2		DATE		ONTH DA		2d HOUR
	ehale	White	July 4,	1918	S YRS.	DAYS	HOURS		DEAD	12			1:82
F	BIRTHPLACE (STA		76. CITIZEN OF WH		MA	RRIED NEV	ER MARRIE	D 🔲 🧖	BALTIMORE	CITY OR C	OUNTYO	DEATH	
	Baltimor		U.S.			OWED X	DIVORCE	- 1	Baltímo OCCUPATIO			(IND OF BI	MD
1			(IF NOT IN SUCH FAI	CILITY, GIVE STREET	ADDRESS)	THER INSTITUT	ION	FOR MOS	es Cle	IFE)	WORK 12B.	Stor	RY
USU	Baltimor	IF IN NURSING HOME O	ROTHER INSTITUTION GR	thedra	RE ADMISSION)								
	aryland	Balt	imore Cit	13c CITY OR Balt	town	13d. INSIDE CIT	NO [1027	Cathe	dral	Stree	t 21	201
	ATHER'S NAME		WIDDLE	LAST		15. MOTHER	R'S MAIDEN	INAME	MIDDLE			LAST	
	John			CASI			Soph	ie	Harc	hut		LASI	
160.	YES, NO, OR UNKNOV	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	The second second	SECURITY NO.	NO 10PM				DRESS	212		
	NO			213 09		Franc	es He	rshma	n 1510	Dent	on Rd	Balt	o Md
	18. CAUSE OF	DEATH (Enter onl	y one couse per line	for (a), (b), or	d (c).)						88	APPROXIMAT	T AND DEATH
		IMMEDIAT	E CAUSE (0) HYD			teriosc	lerot	ic ca	ardiova	scula	er dis	sease	
1	6 19	16 1.1	DUE TO, OR	AS A CONSEC	QUENCE OF								
		s, if any, which to immediate	(b)										
	couse (a) s lying cous	stoting the <u>under</u> -	DUE TO, OR	AS A CONSEC	QUENCE OF								
			(c)										
z	PART 2 OTHER SIG	NIFICANT CONDITIONS (CONTRIBUTING TO DEATH B	IUT NOT RELATED I	O THE TERMINAL OIS	ASE OR CONDITION	GIVEN IN PART	liai.					
OTT	190. DATE OF C	OPERATION	19h CONDIT	ION FOR WH	CH OPERATION	WAS PEDEODA	AED?				120	AUTOPSY:	
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						WASTERI ORI					1.0	VEC 🗆	D
ERT	210 EXTERNAL	CAUSE WAS	21b. TIME OF		216			(ENTER NAT	URE OF INJURY IN	ITEM 18 PART 1		YES 🗌	NO 🔀
AL CERTIFICATION	UNDERLYING	OR	HOUR A.M.	INJURY MONTH DA	Y YEAR	HOW INJURY		(ENTER NAT	URE OF INJURY IN	ITEM 18 PART 1		YES 🗌	ио 🔀
EDICAL CERT	UNDERLYING CONTRIBUTIN	OR G CAUSE OF D	HOUR A.M. PEATH P.M. 21e PLACE C	MONTH DA	Y YEAR	HOW INJURY ((ENTER NAT	URE OF INJURY IN	ITEM 18 PART 1		YES 🗌	№ 🔀
MEDICAL CERT	UNDERLYING CONTRIBUTIN	OR G CAUSE OF D	HOUR A.M. PEATH P.M. 21e PLACE C	MONTH DA	Y YEAR	HOW INJURY (URE OF INJURY IN	ITEM 18 PART 1		YES []	NO X
MEDICAL CERT	UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK	OR G CAUSE OF C CCURRED NOT WHILE AT WORK	HOUR A.M. P.M. 21e PLACE C STREET, FACTO	DF INJURY (A ORY, FARM, ETC.)	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HOW INJURY (OCCURRED	c	ITY OR TOWN		OR PART 2)	YES	F BUSINESS USTRY OF PM AMD AMD F BUSINESS USTRY OF PM AMD AMD AMD AMD AMD AMD AMD A
MEDICAL CERT	UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK 22a. I certify	OR G CAUSE OF D CCURRED NOT WHILE AT WORK	HOUR A.M. P.M. 21e PLACE C STREET, FACTO e of the remains desc	MONTH DA	THOME. 21f.	HOW INJURY (OCCURRED	c X	ITY OR TOWN		OR PART 2)	YES .	
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MEDICAL	UNDERLYING CONTRIBUTION 21d. INJURY OF WHILE AT WORK 22d. I certify deoth resulted ACTUAL SIGNATURE EXAMINER'S N	OR CAUSE OF CCURRED NOT WHILE AT WORK I that I took charged from: Noture NAME Willi	HOUR A.M. P.M. 21e PLACE C STREET, FACTO e of the remains descent courses X.	MONTH DA DE INJURY (A ORY, FARM, ETC.) cribed above, I Accident Le, M.D 23c. NAM	19 21f. THOME. 21f. Teld on Aut	OCATION STREET OPSY , Homicia TITLE (SP M.D. ASSI ADDRESS 1 OR CREMATOI	Inspection de	Undeterm MEDICA	Inquiry	ond in a	COUNTY TO PART 2) COUNTY TO PART 2) A COUNTY	2-29- 201	state

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26548 DEC-	9,8.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 👸 👸	0 4	1 / 0
	1 DE	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
. m £		OR BRID. 11		BUZZZ	2000	52	Am A	
y be deoth	_	CHARLE				/	2 63 8	141
tor. pc	3 SE	MALE	4 RACE WHITE	5. DATE (6. AGE (IN YEARS LAST BIR	MONTHS	DAYS HOURS MIN.
direct on s	70 B	RTHPLACE ISTATE OR FOREIGN	7b. CITIZEN OF WHAT COU		01 1	9 BALTIMORE CITY C	YRS.	ATH
EADWELL OF		COUNTRY		MARRIE	D NEVER MARRIED		_	,,,,,
Con my	_	Md.	USA	WIDOW		Balto. Cit		MD.
は開催はよう	10. €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IE NOT IN SUCH EACHLITY, GIV	E STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS OR DUSTRY
5	В	altimore	Sinaia Ho	spt.		Mancinest		
212	USU	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUL	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 710 CODE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hibiting an angle of the securities of the security of the securities of t		Mund. Ci	ty Balto	21211	YES NO	B617 Malder		11
RYL vith	14. F/	ATHER'S NAME	MIDDLE LA	51	15. MOTHER'S MAIDEN NA	MIDDLE		LAST
Pa Pa Pa		JNKNOUBJizz	ard H. Joh	n	Mollie	Steger		
ORE, MA		WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166. SOCIA	L SECURITY NO.	17. INFORMANT	ADDRI	ESS	
be execution and the second se	·	YES NO OR UNKNOWN) (IF YES, GIV	212-0	01-9163	Alberta Wolf	fe Upperco	, Md. 21	
SAL are are per al.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o),	(b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death certificate attending physici ove carbon paper (fron, or removal.) raumatic event, the		PART I. DEATH WAS CAUSE	TE CAUSE (D)	DIAC	ARREST			
N S Ing		MMEDIA						
deoth ce attendin nove corb atton, or traumatic	1	C 151 - 17 - 111	DUE TO, OR AS A CON	ISEQUENCE OF				
atio		Canditions, if any, which gave rise to immediate	(b)					
the the		couse (0), stating the	DUE TO, OR AS A CON	ISEQUENCE OF			1	
1 W that base all, cr		underlying couse lost.	(c)					
res pned puric burn ry, o		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART 10
RDS n sign	CERTIFICATION							
bee mit.	A	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		FINDINGS USED
hos me per	Ĕ					YE ## NO	YES T	CAUSES OF DEATH?
VITAL R No. The laysicion. Incorporation to the Hygiene Hygiene	E .	710. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c. HOW INJURY OCCUP			PART 2}
DF VITAN: Til physicic physic physicic physicic physicic physicic physicic physicic physicic		OR CONTRIBUTING CAUSE OF DEA	ATH.	H DAY YEAR				
N OF SICIA ng ph certif urial-t Nentol	Š	(IF EITHER NOTIFY MEDICAL EXAMINER		19	211 LOCATION			
PHY ending this id M	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO)WN (0	PUNTY STATE
ath ath	1	AT WORK NOT WHILE AT WORK		70c F	5			
G o d o E		22a.1 certify that (I) (this hospi	ital) ottended the deceased	from 12-2.	- 56 19 86	10 12-3	19_8	that (I) (we) last
R ATTEN hospital RECTOR RECTOR red for un		sow the deceased alive an	12-3-56	_19o	nd that in (my) (our) opinion	death accurred on the d	ote and hour and f	rom the couses stated
ATT nospii RECT ed fo pt of pt of tem 2		22b. SIGNATURE	of view the body ofter death		DEGREE		27	C. DATE SIGNED
0 0 0 0 0 0	i i	0-1-	X-the.	omD		MEDICAL STA	FF TO	2-3-86
HOSPITAL red by th FUNERAL Jid be dett i the Stote		Youn J.	Doublest-	2111		DIRECTOR PHYSIC	CIANIX	4 2 00
SPI INE JNE JNE STA	1	THE PHYSICIAN'S NAME THE			22e ADDRESS			
TO HOSPIT. TO FUNER. Shauld be downth the Ste	1	JOHN SOU	thern M	٥				
5 € 5 € 3 ₹	23a	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
BP		Burial	12/5/86	Hampste	ead Cemetery	Hampstead	Carro	11 Md.
		UNERAL DIRECTOR	1.2/0/00	Trampoot	25a DA	TE REC'D. BY REGISTRAR	256 RECUSTRARS	IGNATUR D.
DHMH - 16 50M 4/83	W	NAME	Hama Hamasta	DRESS	27074 08	C 8 1986	Autra Dea	day Contain
(VRA 15, 4)	111	Eline Funeral	nome nampste	ad, Ma.	210/4			

STATE OF MARYLAND

	1					STA	ARYL.			•		7
28302 DEL	1	FOR STATE REGISTRAR			DEPARTA		EALTH AND I	MENTAL HYG DEATH	4,9	REG. NO.	5 4	1 / 1
20002 000		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DI	ATH MONTH	DAY YEAR	R 2b. HOUR
noy be poge 3 rr death		2 ONT NOTE	JAME	>	CECIL	B	MNT		12/17/9	de		1142 PM
moy pog ter de	3. S			4 RACE		S. DATE C			6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YE	
oge 4	L	MALE		RL	ACK	98 WONTH	26 26	ZZ	64	YRS	MONTHS DA	HOURS MIN.
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7a. E	IRTHPLACE (STATE OR COUNTRY)	FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER A	MARRIED	9 BALTIMORE	CITY OR COUN		
		NARYLAN		USA	1	WIDOWE	DO DI	VORCED	CIT	Y OF B	ALTIMO	DRE MD.
the f	71	BALTIMOLE	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)		ITUTION	120. USUAL OC	R MOST OF WORKING	LIFE) INDUST	D OF BUSINESS OR
E P P P P P P P P P P P P P P P P P P P					CE VA H		rL		CARP	ENTER	Hom	E REMODEU
marriano 21200 mercured within 24 hours of the completely filled in by the completely filled in by the completely filled in by the completely should be filled in the medical examiner may be no	130.	STATE MD	NURSING HOME OR OTHER INS. 136 COUNTY BATMOR		BALTIMO	WN 13d INSIDE CITY LIMITS?				DRESS / ZIP CO		2.18
mine Cath	14. F	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S	MAIDEN NA	ME	AIDDLE		
o constant	3						3	ANE			BROW	WN
and co		WAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	-	17 INFORMA					0. 21213
# # # # # # # # # # # # # # # # # # #		YES	W	WI	215-12-09	8+3	DENISE	B. GI	PSON 1	530 N	MADEL	RA STREET
NG PHYSICIAN: The low requires that the death entities of the control of the conficient has been signed by the attend of the buriol-transit permit. Then please remove could not he had Mental Hygiene pricar to buriol, cremetian, or remember out them 18 shows any injury, or other traumotic even orked on them 18 shows any injury, or other traumotic even		Conditions, if any gave rise to imm couse Ial, static underlying cause	, which mediate ng the	DUE TO, O	CARDIO POR AS A CONSEQUE UNICESECT	NCE OF						
gned gned in ple burio iny, or		PART 2 OTHER SIGI	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	R CONDITION G	IVEN IN PART	Na
equire in sign Then r to bu	O N	DEH	YDRA	new								
The low re ricion. The low re rise has been sit permit. The giene prior shows any in	CERTIFICATION	19a. DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPS	IN CERT	ES, WERE FIN TIFYING CAUS YES []	IDINGS USED SES OF DEATH? NO
IG PHYSICIAN. The office of the building physician of the building of the building on the building of the building of the mill 8 should building of the mill 8 shoulding of th	9.	OR CONTRIBUTING (FEITHER, NOTIFY MEDI	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATUR	OF INJURY IN ITEM T	B PART I OR PART	2)
HYS ndin bis o bur a Me	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE			21f. LOCATIO	N		ITY OR TOWN	COUNTY	STATE
ING Profession of the profession of the distriction	2	AT WORK AT WO	RK .	TAT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC)	SINCEI			III OK IOWIU	COUNTY	STATE
R ATTENDIN hospital or RECTOR: A red for use ppt. of Heolth		220.1 certify that (1) saw the decease above, (1) (we) (c	ed alive on_	12/17/8	6 10	12.15 . an	d that in (my)	, 19 Xb (aur) apinian c	. , , , ,	n the date and he	. 19 86 aur and from t	, that (I) (we) lost the causes stated
O = + = =		226. SIGNATURE	2				DEGREE					ATE SIGNED
			SICI	unn	2			TTENDING PHYSICIAN	MEDICAL DIRECTOR	PHYSICIAN	12	117/86
HOSPITAL FUNERAL Sould be det th the Stote		22d. PHYSICIAN'S N					22e ADDRES					
HOSP bined D FUNI PORT		130	ECKER				BALTMY	nore VF	+ Hospit	AL.		

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN BALTIMORE, MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 12/23/1986 GARRISON FOREST VETERANS BALTIMORE, MARYO 21 NUTTIER + SONS FUNERAL HOME, INC. 2501 GWYNNS FALLS PKWY. BALTO, MD. 21216 DEC 24 1986

230. BURIAL, CREMATION, REMOVAL

ESSES OF CONTRACT 345 (TYPE OR PRINT)

10. CITY OR TOWN OF DEATH

Maryland 14 FATHER'S NAME FIRST

J. SEX

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5 44 !	l to		
DECEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
The	lma /	1.	Во	ies	Dec.22,19	986	M		
5EX	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
Female White			Jul	y,3,1917	69 YRS	MONTHS DAYS	HOURS MIN.		
TIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WH		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
Maryland	USA	1	WIDOWE		Baltimore	e City	MD.		
CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION	176 KIND C	F BUSINESS OR		
Baltimore	Dout	h Balto	. Gen	.Hosp.	Homemaker	GLIFE) INDUSTRY			
SUAL RESIDENCE (IF NURSING HOME) 136 CO	E OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE RESIDENCE BEFORE Baltim	N	13d INSIDE CITY LIMITS?	uestreet Address / zie co	Balto.	Md.21230		
FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	LAS	1		
Leo		Helms		Gladys		Thomo			
WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS R	alto.Md			
NO NO	, GIVE WAR OR DATES!	218-05-	6567	Beverly A	Brennan.631		v Cake		
		24				APPROX	MATE INTERVAL		

NO	210-05-0501 Reverly A. Brennan, 6517 Johnny Ca	LK.
18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF The heat failure DUE TO, OR AS A CONSEQUENCE OF the failure (c) (c)	
PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 190 DATE OF OPERATION 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

	Not 10.3			YES NO	YES	NO [
No.	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	YEAR 19 211 LOCATION			
Contract of	21d. INJURY OCCURRED NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)		CITY OR TOWN	COUNTY	STATE

22a L certify that (I) (this hospital) attended the deceased from 19 1710, that (I) (we) lost sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death. OC. and that in (my (our) opinion death occurred on the date and hour and from the causes stated

27b SIGNA DEGREE ATTENDING MEDICAL STAFF

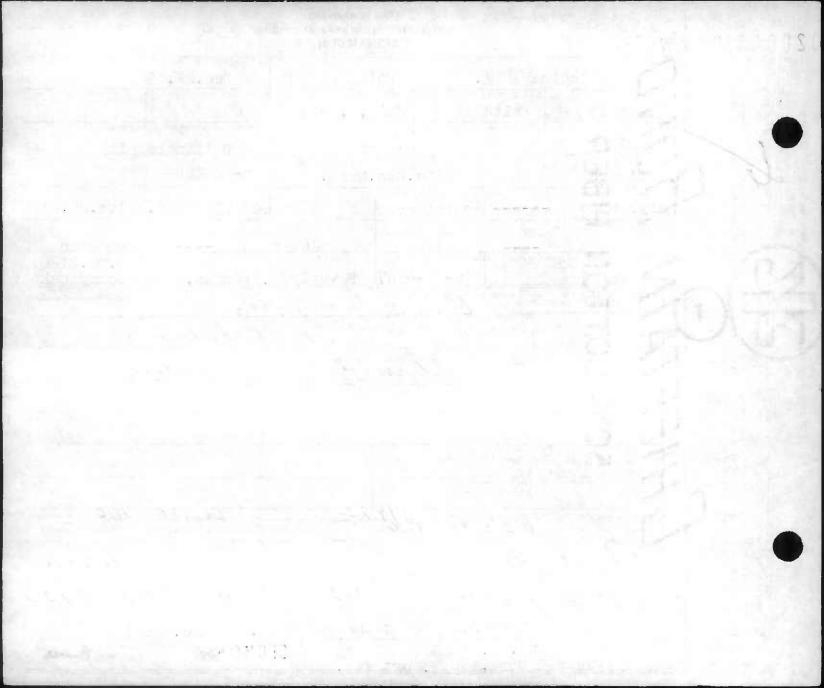
22e ADDRESS MICARDA 602ADA

12/26/86 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL Balto Maryland (SPECIFY) New Cathedral Buria: Cemt

24 FUNERAL DIRECTOR Balto.Md.2123Qs Funeral Home. 130 E. Fort Ave

DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT. lift be of



027	4 4 8 DEC	718	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE 8 6	3	4!	1.
	4 may be Dr. page 3 Ifter death		X	FIRST	L. B	okeny	S. DATE C	DAY TEAR	20. DATE OF DEATH	MONTH D	YEAR YEAR UNDER 1 YEAR ONTHS DAYS	2b. HOUR IF UNDER 24 H
•	death. Page tuneral directs		Male RTHPLACE (STATE OR F COUNTRY) Md. ITY OR TOWN OF DEA		USA	WHAT COUNTRY?	WIDOWE	D NEVER MARRIED D DIVORCED	71 • BALTIMORE CITY 9 Baltimo	ore Cit	У	S DUSINESS
2個1	thours ofter ed in by the id be filed wife	B	altimore AL RESIDENCE (IF NURS		BON S	ecours Ho	ADDRESS) Spita ADMISSION)	PROTHER INSTITUTION 1 134 INSIDE CITY LIMITS?	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST SUPERVISO) 130 STREET ADDRESS	OF WORKING LIFE	INDUSTRY	F BUSINESS
ARYLAND	ompletely filled ompletely filled ond 2 should k	14. FA	Md. ATHER'S NAME FIRST Charles		MDDLE	Baltin Bokeme	ore	YES X NO 1 15. MOTHER'S MAIDEN NA Ethel	13e.STREET ADDRESS 2929 Belt AME	nont Av	re. 21 Hook	216
TIMORE, N	on ond on s. Pages 1 o		VAS DECEASED EVER YES, NO OR UNKNOWN) Yes	IN U.S. ARA	NED FORCES?	219-05-5	RITY NO.	17 INFORMANT Mary Reeves	5761 Edg		Rd.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 272	equires that the death certificate in signed by the attending physici. Then please remove carbonpapes to burial, cremation, or removal. injury, or other traumatic event, the	z	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	AS CAUSED IMMEDIATE which nediate g the last	DUE TO, O DUE TO, O DUE TO, O (c)	A CONSEQUE	MY ENCE OF	O CAIDUAL S	In farch	MOITION GIVE		MATE INTERVAL ONSET AND DEA
VITAL RECORD	The law r cian. te has bee sit permit. giene prioi	CERTIFICATION	19a. DATE OF OPERAT	PERLYING [21b. TIME C	OF INJURY		N WAS PERFORMED	200 AUTOPSY? YES NOTER NATURE OF INJURE	IN CERTIFY YES		
DIVISION OF	TENDING PHYSICIAN: ital or attending physical or attending physical or attending physical or its east he burial-tron it Health and Mental Hyll is marked or item 18:	MEDICAL	OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE WHILE NOT WHAT WORK AT WORK 27d. 1 certify that (I) sow the decease	CALEXAMINER) RED ILE (this hospite and alive on the control of th	P. 21e PLACE (AT HOME ST	19	ARM ETC)	21f. LOCATION SIREE1 J. 19 d that in (my) (our) opinion	to death occurred on the o	13		STATE that (II (we) I
•	by the hosp by the hosp IERAL DIRECT se detached to State Dept. a ANT: If them 2		obove, (I) (we) (c 22h SIGNATURE 22d PHYSICIAN'S NA	Mp	Rel	after death.		DEGREE	MEDICAL STA DIRECTOR PHYSI	AFF	22c. DATE	

Item # 5, G622, 12/23/86 by F.H. Gbj.

STATE OF MARYLAND

should be with the S

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY Buria1 12-17-1986 Loudon Park 24 FUNERAL DIRECTOR

EDWARD J. WEBER FUNERAL HOME 3311 EDMONDSON AVE

23d. LOCATION Baltmore

COUNTY Md.

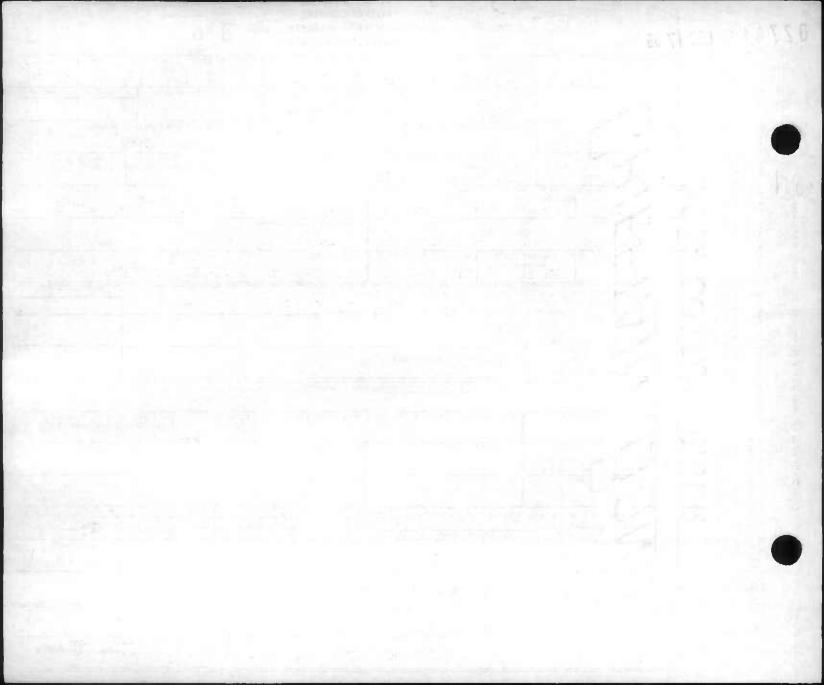
126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

250. DATE REC'D. BY REGISTRAR 2514 REGISTRAR 9 SIGNAPRE

STATE

_, that (It (we) last



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DAD	MITC	TMD	n	c	ut	AI	TH	AMI	n	ME	ы

8	6	3	4	į	7	
	DEC NO					

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

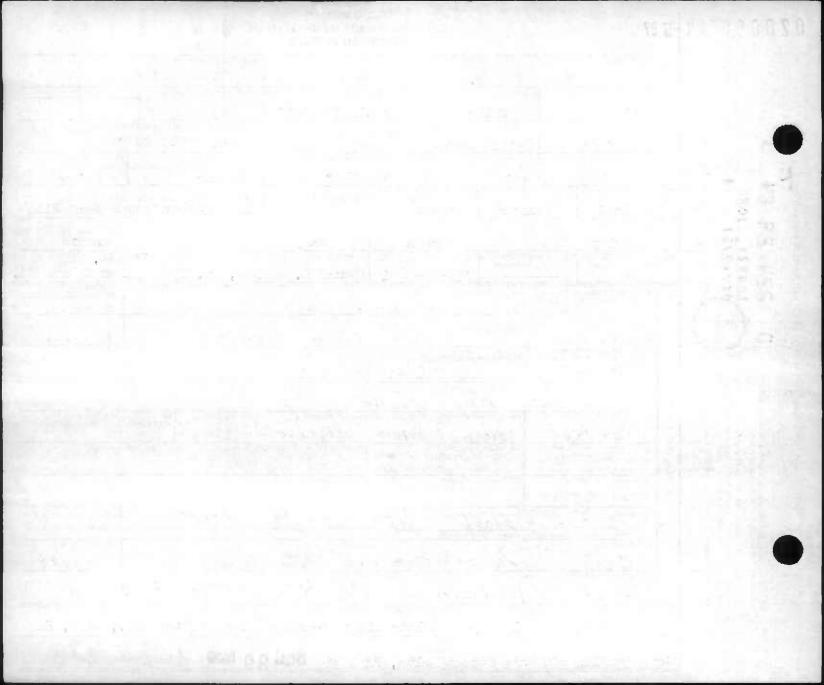
Julia Dividion Roadace

	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		
	CEASED NAME FIRST	A	AIDOLE .	(AST	2a DATE OF D	EATH MONTH	OAY YEAR	26 HOUR
(IYM	JOHN	N I		BO	NHAM	DEC.	20,198	6	7:01A _M
3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	
	Male	Whit	e	Apr		69	YRS.	MONTHS DATS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
	Virginia	United	States	WIDOWE		BALT	IMORE C	YTI	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OC			OF BUSINESS OR
	BALTIMORE	JOHNS	HOPKIN	S HO	SPITAL	Farme	OR MOST OF WORKING I	-	iry
13a.	AL RESIDENCE (IF NURSING HOM STATE 136 CC	YTAUC	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET AD	DRESS / ZIP COD	DE _	. /
		Harford	Street		YES NO 🛣		luaker Ch	urch Ro	pad/21154
14. F	ATHER'S NAME FIRST	MIOOLE	LAST		15. MOTHER'S MAIDEN NA		WIDOLE	LA	AST.
1	Hurley		Bonhan	n	Mary			And	lers
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT			treet,	
,	No -		230-20-3	3801	Edward L. Bo	nham, Si	. 1360 G		
	18 CAUSE OF DEATH Enter	r only one couse per	line for (a), (b), and	d (c) i	,			BETWEEN	XIMATE INTERVAL
	PART I. DEATH WAS CAL	USED BY: DIATE CAUSE (0)	Cordi	agen	116 shack			6 4	rours
	111112		R AS A CONSEQUE	NCE OF					
	Conditions, if any, which		1 1	ence	Corduc Di	15 lese		10	geors
	gove rise to immediate		R AS A CONSEQUE	NICE OF					
	underlying couse lost.	(6)	AT	Levo	selevosis				
	PART 2. OTHER SIGNIFICAN	VI CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE C	R CONDITION G	VEN IN PART 1	0
O	INTY	apperat	TW St	ro H	e				
CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		S, WERE FIND	
TFK	11/25/86	COVE	1004 ev	TEVY	disease	YEST		IFYING CAUSES	NO [
CER	210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		21c HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM 18	PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF	DEATH	M MONTH DA	Y YEAR	111111111111111111111111111111111111111				
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION				
WE	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		TITY OR TOWN	COUNTY	STATE
	220.1 certify that (Withis ha	ospital) ottended the			19 86		120	1906	that (I) we)lost
•	sow the deceased alive above, (1) (we) (did) (did		ofter death	12.0	nd that in (my (our pinion	deoth occurred	on the date and ha	ur and from the	couses stated
n	22b. SIGNATURE	7/	grier deam.		DEGREE			22c DATE	SIGNED
	Witter!	7. Re	ma	4	7 D ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	12/2	0/86
	22d. PHYSICIAN'S NAME (TY				220 ADDRESS	N WOLLEVE	ST. BOT	TO MD	_ (21205
	WAITER A	1. Ker	nan		To Johi		phins	Flore:	til
	BURIAL, CREMATION, REMOV			AME OF C	EMETERY OR CREMATORY	23d. LOCATI	ON	COUNTY	STATE
	Rurial	12/23	1/86 197-	to R	idea Cometery	Peach	bottom T	WD. YO	rk. PA

DHMH - 16 60M 7/84 (VRA 15, 4)

John Harkins 600 Main Street Delta, PA

BP.



page

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prior

the burial-transit and Mental Hygie Item 18 sha

uld be detached the State Dept.

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marked

MPORTANT

23a. BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR

Cremation

23b. DATE

March Funeral Home West 4300 Wabash Avenue

12/23/86

STATE U CREGISTRAR

(TYPE OR PRINT)

DECEASED NAME

		TATE	OF M	ARYL	AND .	
DEPART	MENT	OF H	EALTH	AND	MENT	AL HY
	-	-	C . T.	-		

BOONE

MIDDLE

jeorge

CERTIFICATE OF DEATH

G	IENE 8 6 3 4	1		1
	REG. NO.			
	2a. DATE OF DEATH MONTH DAY Y	EAR	26 HOL	
	12 22 86			SAM
	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS.		HOURS	
	48 YRS.	711		
4	9 BALTIMORE CITY OR COUNTY OF DEA	TH		
]	13AIT. (174			MD.
,	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b K INDU	STRY		ESS OR
1	130.STREET ADDRESS / ZIP CODE	7/3	2/1	23
AA				
1		Br	ock	-
0	one 2519 Qua	nt	100	Ave
	BET	PPROXIM	ATE INTE	DEATH
	ARREST	1	ho	412
		4	EAL	2.1
_				
EF	ICIENTY SYNDROME	Y	ean.	1
RM	INAL DISEASE OR CONDITION GIVEN IN PA	ART Ica		
	206 AUTOPSY? 206. IF YES, WERE FIN CERTIFYING CA			

RACE 5. DATE OF BIRTH 3 SEX M MONTH 05 06 To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTO MD USA WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTO USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COLINEY
131. CITY OR TOWN 13d INSIDE CITY LIMITS? ALTO PALTO CIT BALTO NO 14. FATHER'S NAME MOTHER'S MAIDEN I MIDDLE FIRST 130SFUELT WILL 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 216. 32.1621 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF 12En 91 Canditions, if ony, which gove rise to immediate couse (o), stating the AS A CONSEQUENCE OF underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. 12 122 19 86 and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS VAIV Mi). 22 S. GREENEST. BALTO

23c. NAME OF CEMETERY OR CREMATORY

Westview Memorial Park

23d LOCATION

Catonsville

259. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Md

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

was browning and a diff to g

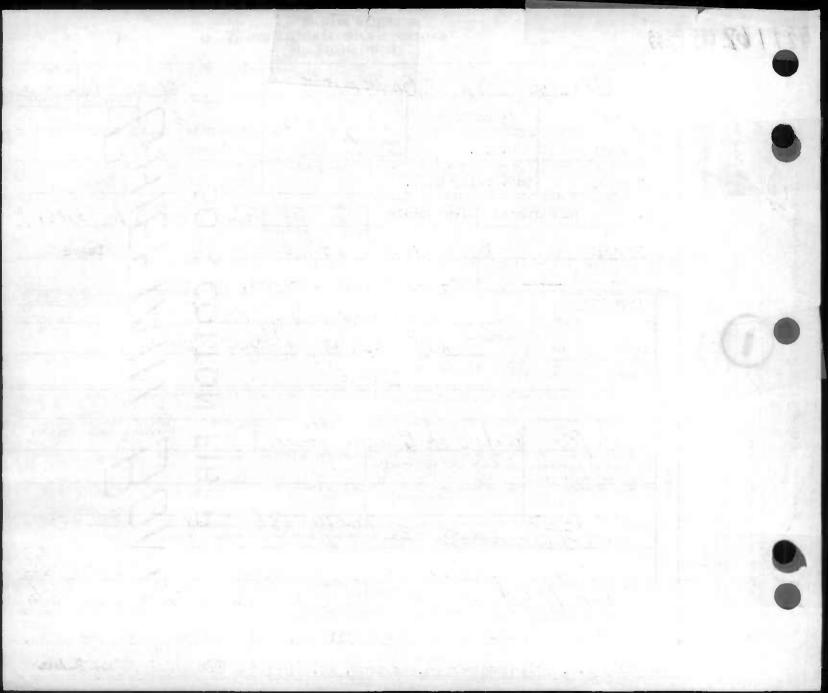
		CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO. 2a. DATE OF DEATH MO	NTH DAY YEAR 2h H
	(TYPE	OR PRINT) Alice		Borozzi	10	2 27 86 8:
	3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS HOUR
	_ 7	Female	CAU.	6 23 18	68	YRS.
26		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR C	
6)		, WD'	USA	WIDOWED DIVORCED	Baltimore	
14 Line		TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET UNION Memoria	lal Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W.	ORKING LIFE) INDUSTRY
r, must be	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW BACT	'N 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	7-121
exemine	14. FA	William	MIDDLE Smit	15. MOTHER'S MAIDEN NAME OF THE PRINT HER	WIDDLE	MOONE
edico		VAS DECEASED EVER IN U.S. AF	432440000414431		ADDRESS	New FREEDOM F
the me		No	212-18-0	0638 JOHANNA B	rewster 5	BEAUER PON APPROXIMATE II BETWEEN ONSET
othe		gave rise to immediate couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
2 any injury, or other	FICATION	couse (o), stating the underlying couse last.	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	20e AUTOPSY? 2	Ob. IF YES, WERE FINDINGS UNITED TO THE SECOND OF DESCRIPTION OF DESCRIPTIONS
shaws any injury, or other	ERTIFICATION	couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	20a AUTOPSY? 21	Ob. IF YES, WERE FINDINGS UN CERTIFYING CAUSES OF DI YES NO
m 18 shqws any injury; or other	AL CERTIFICATION	couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT of the country of the co	CONDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED AY YEAR	20a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS UN CERTIFYING CAUSES OF DI YES NO
or them 18 shows only injury, or other		couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING [CONDITIONS CONTRIBUTING TO I 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY? 21 PT	Ob. IF YES, WERE FINDINGS U N CERTIFYING CAUSES OF DI YES NO HITEM 18 PART 1 OR PART 2)
rand or them 18 shows only injury, or other	MEDICAL CERTIFICATION	couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	CONDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURI	20a AUTOPSY? 21	Ob. IF YES, WERE FINDINGS UN CERTIFYING CAUSES OF DI YES NO
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NT. II hem 21 is marked or them 18 shows any injury; Or other		couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT IN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE OF DEVELOPMENT OF DE	19b. CONDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET ARM, ETC.) DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NO NO NEED (ENTER NATURE OF INJURY IN CITY OR TOWN	Ob. IF YES, WERE FINDINGS UN CERTIFYING CAUSES OF DI YES NO VITEM 18 PART 1 OR PART 2) COUNTY 22. DATE SIGNI
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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AND 2120 0.24 hours 0.024 hours hould be fit	130.5	AL RESIDENCE (IF NURSING HOME O	VTY , ,	GIVE RESIDENCE BEF		134 INSIDE CITY LIM	ITS? 13e.STRE	ET ADDRESS	ZIP CODE		
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RYL.	199	THER'S NAME	MIDDLE	a LAST		15. MOTHER'S MAIDE	ENNAME	MIDDLE		LAST	
W P D	U	JOHN	E	SOLANG	TER.	Lydis	1		Le Company	TIsaac	2
W See See		VAS DECEASED EVER IN U.S. AI	MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRE	SS		
IMO CO CO		No		217-12-	-0120	John A. Bo	ssert,	same as	13		
THE SECOND		18 CAUSE OF DEATH (Enter o		r line for (o), (b),	and (c).	/		1	- 1	APPROXIMATE BETWEEN ONSE	TAND DEATH
1 1 1 1		PART I. DEATH WAS CAUSI	:D BY: TE CAUSE (0)	E	andio	respirant	14 ans	esv			
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S tool the second	L	Conditions, if ony, which	((b)_	advi	t- 16.5	piratony a	TSTIESS	SYNA	IOME		
	1	gove rise to immediate couse (a), stating the	DUE TO, C	OR AS A CONSEC	UENCE OF	()					
S to the state of	1	underlying couse lost.	((c)_		Sel	SIS					
25 A Day of the Co.	14	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING T	O DEATH BO	NOT RELATED TO THE	E TERMINAL DIS	EASE OR CON	DITION GIVEN II	PART Ho	
DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requirantee this been vig offer this certificate has been vig at the birdictional permit The this and Alemai Hygiense print to land and add of their IS shows any influence of	IFICATION										
3 4 4 4 4 4	SCA	10 DATE OF OPERATION	196 CONG	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		UTOPSY?	206. IF YES, WE		
4 41 11 1Z	1 =	11/4/86	CENT	erocere	(VE)		19 YES		YES [0 🗌
2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ö	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	110110	L.M. MONTH	DAY YEAR	21c. HOW INJURY C	OCCURRED (ENT	R NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
2 99 811 1/	CA	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P	P.M.	19			U.			
OK 10 10 10 10 10 10 10 10 10 10 10 10 10	MEDIC	21d. INJURY OCCURRED		OF INJURY	E, FARM, ETC)	21f. LOCATION		CITY OR TO	WN	COUNTY	STATE
N 0 5 5 5 5 5	1	WHILE NOT WHILE AT WORK				1,	0/	100	_	0/	1
5 0 K 4 5 E		220.1 certify that (1) (this has sow the deceased alive a	Pro-	he deceased from	(>/	nd that in (my) (our) o		Dec.			(i) (we) lost
The state of the s		obove, (1) (we) (fid) (did n	ot) view the bod	y after death.			pinion deoin occ	urrea on the a		2h DATE 5No	1
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	23a. 1	BURIAL, CREMATION, REMOVA				CEMETERY OR CREMA	TORY 238-L	OCATION CITY OR TOWN	co	UNTY	STATE
BP	-	Burial	12-9-1	986	Ceda	Hill Cem		rooklyr		Arunde	el Md.
DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRES					25b. REGISTRAR		Deta.
(VRA 15, 4)	M	c Cully F.H. 3	204 Mour	ntain Rd	.Pasad	ena, Md.	DEC 4-2	4900	3 10 000	ideon-Kan	AALL



OHMH - 16 60M 7/84 (VRA 15, 4)

Burial . 12/10/8

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Arlington Nat'Cem Arlington

23d. LOCATION
CITY OF TOWN

Arlington Virginia

21224 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Joseph N. Zannino, 263 S. Conkling St. DEC

Julia Dividson Randale

STANDARD CONTRACTOR OF THE STANDARD STANDARD The state of the s date for much dis to a construction 7 - 2 - 7 2 32 our as the same and a second s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	17	FOR STATE REGISTRAR	ī		EALTH AND MENTAL HY	YGIENE & 6	3 4	4	1 4
1		CEASED NAME FIRST	MIDDLE	- 1	AST	20 DATE OF DEATH		YEAR 2	b HOUR
ı	(TYPE	SHIRLEY	E.	Bo	IWARE		-	86	3 AM
-	3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BE	RIHDAY) IF UNDER		FUNDER 24 HRS
I		F	3	MONTH	/	53	YRS.		
d		THPLACE (STATIGHTONSON)	76 CITIZEN OF WHAT CO	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH	
2		Mg.	VSA	WIDOWE) Z	ALTIMOR		CITYMO.
7	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	GIVE STREET ADORESS)		120. USUAL OCCUPAT		USTRY	BUSINESS*OR
7	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDE	HOSPIT	HL	1/676	MER		
	13a. S	TATE 136 COUN	VTY I3c CITY	ORIOWN	13d INSIDE CITY LIMITS?	3. STREET ADDRESS	ZIP CODE	21	215
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN N				
4	19	GEORGE	MIDDLE	LAST	HAZEZ	WIDDLE	L.	4 E	
			MED FORCES? 166 SOC	TAL SECURITY NO.	17. INFORMANT	ou wage 3	1 1.	120	0.0
		NO			MAKTHUK D	OU WAKE S		APPROXIMA	HOE,
	8	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ily ane cause per line far (c D BY:	a), (b), and (c).1	1 ()		B	EIWEEN ON	SET AND DEATH
1	1	IMMEDIA	TE CAUSE (a) COrd	انه دره در	101 CO1	1 Hb 26			
	Ž,		DUE TO, OR AS A CO	DNSEQUENCE OF					
17	6	Conditions, if any, which gove rise to immediate	(b) 59	epsis					
9		cause (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF					
		underlying cause last	(c)						
	_	PART 2 OTHER SIGNIFICANT	conditions <u>contribut</u>	ING TO DEATH BUT	NOT RELATED TO THE TEL	rminal disease or con	DITION GIVEN IN P	ART Ira	
	ō	hepatric	+ rena	a Fail	Re				
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C		
	TIE	11/8 11/14/9	66 Seps	sis		YES NO	YES 🗌		NO []
5		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	NTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I OR	PART 2)	
T	CAL	OR CONTRIBUTING CAUSE OF DEA	NI I	19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR		21f LOCATION STREET	CITY OR TO	OWN COL	UNTY	STATE
	8	AT WORK NOT WHILE AT WORK	(AT HOME STREET FACTOR	RY OFFICE, FARM ETC.)	JIRCE				
		220 I certify that (I) (this hosp	tal) attended the decease		-29 , 1986				at (I) (we) last
		saw the deceased alive on abave, (1) (we) (did) (did no	it i view the bady after dea	th.	nd that in (my) (aur) apinio	on death accurred on the c			
		226 SIGNATUR	11.1		DEGREE	MEDICAL STA		c. DATE SI	GNED
		afruh	n Halt		ATTENDING PHYSICIAN			2:30	1-86
		234 PHYSICIANS NAME (119)	Kramer		77e ADDRESS	^	~	_	
_		03.	rottes		SINAI "	4026, 94.	BALtir	MOR	5
1		URIAL, CREMATION, REMOVAL	23b. DATE	73C NAME OF C	EMETERY OR CREMATOR	23d LOCATION	COUNT	IY .a.	STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

-86 GARRISON FOREST

BURIAL 1-5-86 GARRISON 1000.
24 FUNERAL DIRECTOR
UM C. BROWN COMM. 1206 W. North Ave.

750. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

JAN 2 1987 Julia Dender Landaux



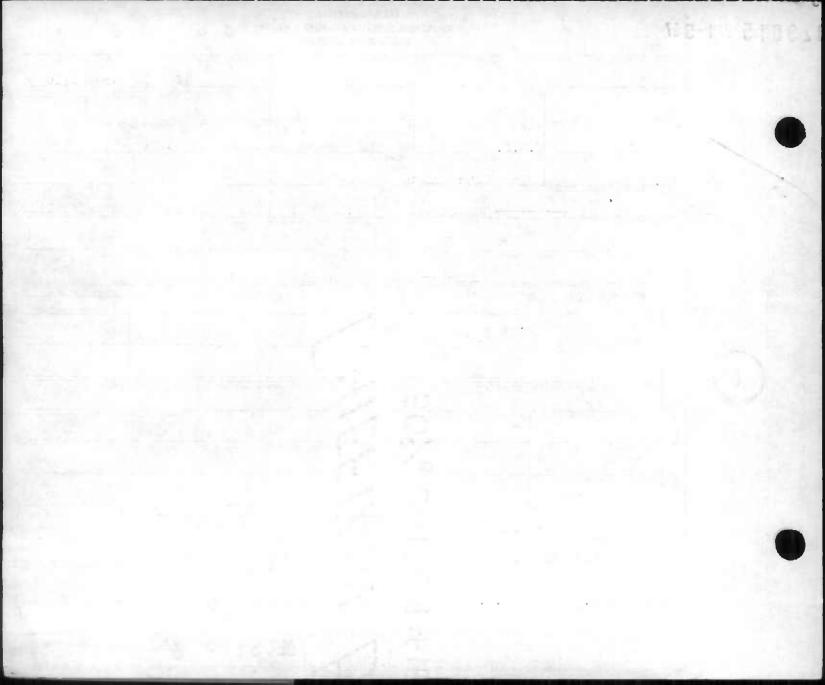
ST	ATE	OF	MAR	YLA	ND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

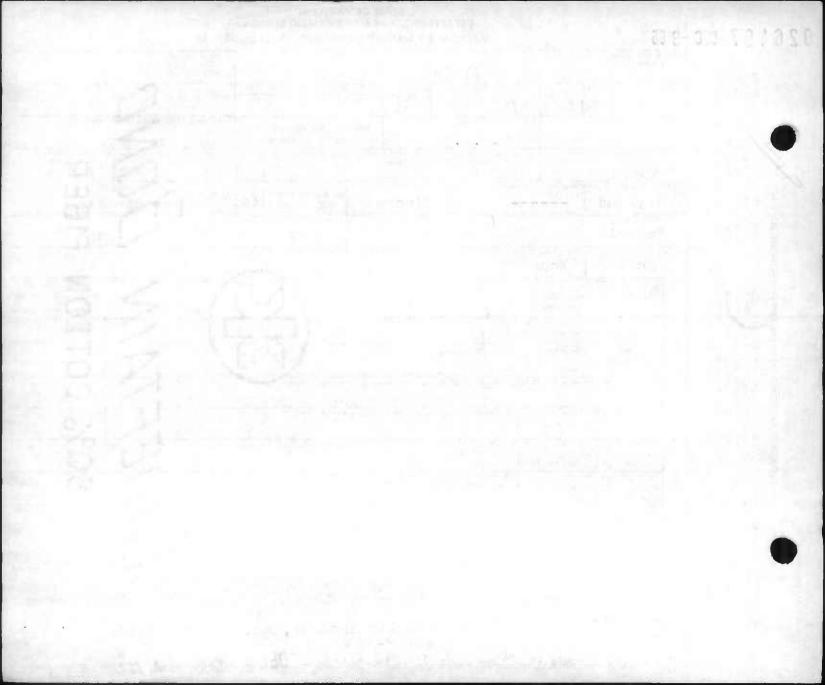
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	MEGISTRAR			CERTII	ICAIL OI D	LM I II	REG.	NO.				
	ECEASED NAME FIRST		MIDDLE	ı	LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
	ALVI	N N	Jones	P	OWEN			12	28	1986	1;10)рм
3.5	EX	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MON1HS	ER I YEAR	# UNDER 24	4 HRS
M	ALE	BLACK		01	27	1920		6 YR				
por	EIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER N	ARRIED -	BALTIMORE CITY	OR COUN	ITY OF DI	EATH		
M	ARYLAND	U.S.A.		WIDOWE	_	ORCED	BALTIMORE	CIT	ĽΥ			MD.
1	ALTIMORE	I IF NOT IN SUC	HOSPITAL, NURSII H FACILITY, GIVE STREET HOSPITAL	ADDRESS)			120 USUAL OCCUPA (TYPE OF WORK FOR MOS RETIRED M	T OF WORKIN	GLIFE) IN	KIND OI DUSTRY	BUSINES	SOR
13a	UAL RESIDENCE (IF NURSING HOME OF STATE 136, COU	R OTHER INSTITUTION		RE ADMISSION)	134 INSIDE CI	TY LIMITS?	13e STREET ADDRES	S / ZIP CO	DDE BAL	TIMO E DR	ORE, I	MD. 2121
	WILLIAM	WIDDIE	BOWEN			MAIDEN NAMI	E MIDDLE			JONE		
160	WAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	17 INFORMAL	VT.	AB	aftim	ore,	Mary	land	
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	218-07-	9132	Mrs. C	ynthia '		814 U				
Г	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA			nd (c).1						APPROXI BETWEEN C	NATE INTERV	AL EATH
NON	PART 2 OTHER SIGNIFICANT	(c) CONDITIONS <u>C</u> (ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CO	NOITION	GIVEN IN	PART lic		
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		YES, WER RTIFYING YES		OF DEATH	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.	FINJURY M. MONTH D M.	AY YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF I	YJURY IN ITEM	18 PART I OI	RPART 2)		
MEDICAL	71d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	21f LOCATIO STREET	N	CITY OF	NWOT	C	YTAUC	\$14	ATE
	220.1 certify that (I) (this hasp saw the deceased alive a above, (I) here total (did n	n <u>27 DECE</u>	MBER 198			, 19 <u>84</u> (X r) apinion de	, to <u>28_DEC</u> eath occurred on the	EMBER date and	1986 haur and		that (I) X3 causes stat	
	22b. SIGNATUR	ac		d		TTENDING PHYSICIAN X	MEDICAL S DIRECTOR PHY	TAFF SICIAN []		26 DE	SIGNED CEMBI	ER {
	ARTHUR M. LEB				3640 1	S FORDS L	ANE BALT	TMORE	212	15		
230	BURIAL, CREMATION, REMOVA			NAME OF	EMETERY OR C		23d LOCATION		coul		51/	A75
	(SPECHY) Burial	12/31/	1986 Wc	odlaw	n Cemet	erv	CITY ON TOWN				rvla	
24	NUTTIPRE CORSONS F					250 PA 16	RES D4 BY 1988					

DHMH - 16 50M 4/83 (VRA 15, 4)



	1	FOR			DEPARTM			ARYLAN		CIENE					
026497 DEC	13	STATE REGISTRAR			DICAL EX					1.3	6	REG. NO.	3 4	1 8	1
		CEASED NAM	AE FIRST		WIDDIE			LAST		2o. C	DATE KNO	M NWO	MONTH	DAY YEAR	2b. HOUR
38 %	(1A)	PE OR PRINT)	Harri	ett A	lvina		Boy	vers			OF ES	STI-	12-	-3 1986	M
CTO PIE	3. SE	X	4. RACE	5. DATE OF BIRTH		AGE (IN YEAR	RS IF UN		IF UNDER 2		DATE		MONTH	DAY YEAR	10:00
SV, P	Fe	male	White		921	65 YR		SDAYS	HOURS	MIN PRO	NOUNCE!	D	12-	-3 1986	a: M
SSAI SSAI HEN		IRTHPLACE (76 CITIZEN OF WE	AT COUNTR	-	8. MARRIE	D TXNEY	ER MARRIE	9. B.	ALTIMORI	E CITY OR	COUNT	Y OF DEATH	
A SECTION AND A		aryla		U.S.	Α.		WIDOW		DIVORCE		Balti	more			MD.
HE FILED	10. C	ITY OR TOWN	OFDEATH	11. NAME OF HOS			OR OTHE	R INSTITU	ION	FOR MOST	OCCUPATI		OF WORK	OR INDUS	
A PLANCE		Baltim		1623 Ce						Clei				Giant	
IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. SHOULD BEFILED, WITHIN 72 HOURS L'REDARDS, 201 W. PRESTON STREET,		aresidence laryla		OR OTHER INSTITUTION, GIVEN		ORE ADMISSION RECOVER LIMOTE		13d. INSIDE CI YESX	TY LIMITS?	1623	ADDRESS Ced.	dox	stre	22 (0
M E-SOR	14. F	Samue		MIDDLE	Newco	mb		15. MOTHE Mai	R'S MAIDEN	NAME	MIDDLE	Ē	F	Bush	
W 60826	160.	WAS DECEASI	ED EVER IN U.S. AI		Téb. SOCIA	LSECURITY	NO.	17. INFORA	TANT		A	ADDŖESS			
BALTIMOURS AFTE B. GIVE P. WITH FO.	1	YES, NO OR UNKN	No	ne war or dates)	220	03 03	513.	Geor	rge R	owers	s Sa	ame a	as #	¥ 13	
ST. BA DURS PAWITH WIT PAWITH PAWITH PAWITH				nly ane cause per line	far (a), (b), a									APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
DN ST., 24 HOU! TEM 18. ONG W PERMY: SIENE, E		PARTID	EATH WAS CAUSI	ED BY: ATE CAUSE (a) Art	eriosc	lerot	ic Ca	ardiov	vascul	ar Dis	sease				
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE S CERTIFICATE SHOULD BE EXECUTED WITH N 24 HOURS AFTER DESTRITING THE WORD "PENDING" IN PENCIL NITÂN 18. GIVE PRED TO THE CHIEF MEDICAL EXAMINER NONG WITH FOR SES SHOULD BE USED AS A BURIAL I TRANSIT PREMM!" PAGES BE EPRARMENT OF HEALTH AND MENTAL HYGIENE, DIVISION PROPERED BURIAL, CREMATION, OR REMOVAL.				DUE TO, OR	AS A CONSE									300	
			Conditions, if any, which gave rise to immediate (b)												
A PEN W			a) stating the <u>under</u> luse last.	DUE TO, OR	AS A CONSE	QUENCE O	F							1.1	
20 VIEW EX INC.				(c)					71.11						
SHOULD BE EXECUTED SHOULD BE EXECUTED SHOULD BE EXECUTED SORD "FORDING" IN PECHEF MEDICAL EXAME LOSED AS A BURIAL." TOF HEALTH AND MEI URIAL, CREMATION, C	1-	PART 2 OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO OEATH	BUT NOT RELATED	TO THE TERMI	NAL OISEASE	OR CONDITION	GIVEN IN PART	Ta					
END BE AS	후	10. 0.175.0	CORED 4 TION		onic C					Disea	ase &	Fatt	cy Li		
AL R	CERTIFICATION	190. DATE O	F OPERATION	196 CONDIT	ION FOR WH	HICH OPERA	ATION W	AS PERFOR	WED3					20 AUTOPS	/?
NOR SE	- 5	21a EVTERN	IAL CAUSE WAS	2Tb. TIME OF	INTUIDY		Tal. NO	SAZ IN LILIBA	OCCUPRED					YESXX	NO 🗌
BIVISION OF VITAL REC RE. THIS CERTIFICATE SHOULD B ATE, WRITING THE WORD. "PEN SEWARDED TO THE CHIEF ME R: PAGE 3 SHOULD BE USED AS IE STATE DEPARTMENT OF HEAI ID, 21201 PRIOR TO BURIAL, GR		UNDERLYIN		HOUR A.M	MONTH D	AY YEAR	ZIERC	W INJURT	OCCURRED	(ENIER NATUR	E OF INJURY	IN ITEM 18 PA	IRI I ORPAK	12)	
ISIO TERTIL	MEDICAL	21d INJURY	OCCURRED	21e PLACE C	OF INJURY	AT HOME.	2 TI. LOC							0.75	
DIV NRIT CO NRIT CO NRIT CO NRIT CO NITE D	2	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)		51	REET		CIT	Y OR TOWN		COU	NTY	STATE
RETHY TE, VERWARE PA		220 1		ge of the remains des	ovibad above	hald on	Autaps	.vv	Inspection			1	l in my apı		
A S S S S S S S S S S S S S S S S S S S		death resul		ural causes XX.	Accident [Tield dil		Hamic		Undetermi	quiry L		in my dpi	man	
SE BENTA		dedin resu	10-	- / YL	1	MC	X	1	PECIFY)	Ongerenni	neg manne	:' <u></u>			
E S S S S S S S S S S S S S S S S S S S		ACTUAL	Allu	uno To	my	hil	Muss	11	istant	MEDICAL	EXAMINE	ED	DATE	12-3-	86
Sea Figure 1	2	200.0011.00		00	1					MEDICAL	LAAMIINE		2101455		
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	1	EXAMINER'S	INT) De	nnis F. Sm	yth, M	I.D.		ADDRESS_	lll Pe	nn St	, Ba	lto.	, Md.	2120	1
5×40+4	23o. E	SURIAL, CREM,	ATION, REMOVAL	23b DATE	23c. NA	ME OF CEM	ETERY OF	RCREMATO	RY	23d. LOCAT	ION		COUN	ITY	STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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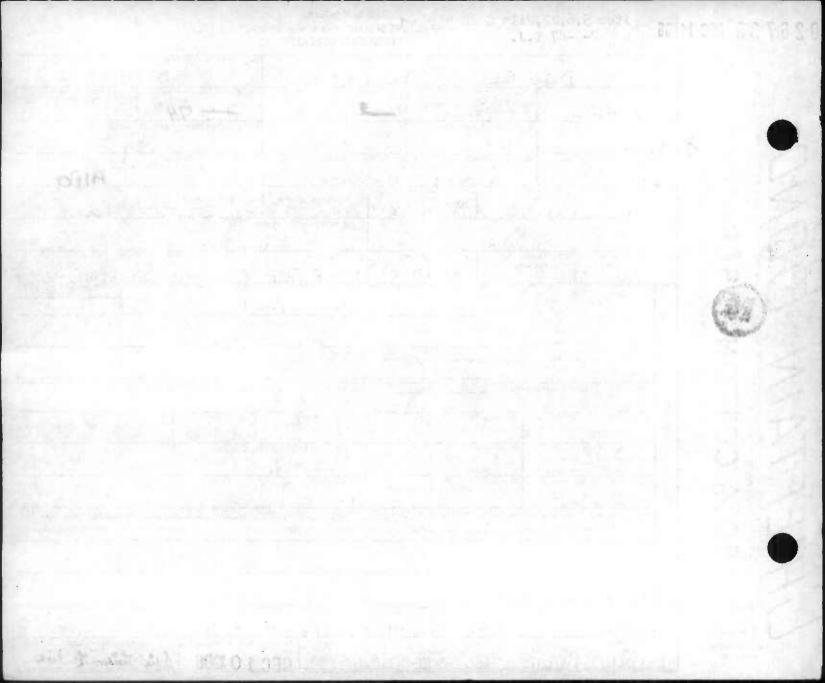
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			EASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
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you pour		3. SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BI		
Page 4 ma	22		MALE	BLACK	MON	THE DAY YEAR	737	4 YRS. MONTHS DA	TS HOURS MIN.
Pog dire			RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? B.	ED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	
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	7	10 CT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		120. USUAL OCCUPAT	ION 12b. KINI	D OF BUSINESS OR
+	6		Balt	(IF NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS)	22.4.1	JANITOE	DE WORKING LIFE) INDUSTI	TPO
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ION C	We la	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION	CITY OR IC	OWN COUNTY	STATE
DIVISIO DING PHY Dr. offendi	ept. of Health and Mental	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	. I	COONT	STATE
DIV ENDING tof or off	Health is mark		220.1 certify that (1) (this hasp	oital) attended the deceased	from 121	3 Y 10 0	6 , 1910	1 10 8 6	that (1) (we) last
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TO HOSPITAL Of Pretoined by the Top Funkley of Parties	with the State D		KON KE	KEN	W	SINAL	HESTITH	91	
5 5 5 4	0 3 ≤	23a. B	URIAL, CREMATION, REMOVA	£ 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION		CYLYE

STATE OF MARYLAND

STATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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27450 DEC	17	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	*
2 25		CEXSED NAME FROM	BARBARA	BOYER	20 DATE OF DEATH MONTH DAY	- Lu 110011 100
ge 4 mp ector po rx offer c	3. SE)	FEMALE	∢ RACE WHITE	5. DATE OF BIRTH MONTH DAY VEAR 09/11/1909	6 AGE (IN YEARS LAST BIRTHDAY) IF I MORE	UNDER I YEAR IF UNDER 24 HRS
11/11/15		ARYLAND	TO SA	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	BALTIMORE CITY OR COUNTY OF	CITY ME
511140	B	ALTIMORE /	(IF NOT IN SUCH FACILITY, GIVE STR	HOGPITAL.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
Called in	1	ND VBAL	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13t. CITY OR TO	SVILE YES NO NO	13ª STREET ADDRESS / ZIP CODE	AVE
and and a	20	OSEPH IT.	PASR	R DORA	WIDDLE	EIN
be essert		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES. GIV	MED FORCES? (E WAR OR DATES) 16b SOCIAL SE 212.01	CURITY NO. 17. INFORMANT	STICA HUNTIN	1-CREEK 1
physics on paper emp-oil.		PART I. DEATH WAS CAUSE	nly one couse per line for (D), (b), DBY: TE CAUSE (a) SUS	6 //	515	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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The law	CERTIFICATION	19s. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES VES [VERE FINDINGS USED NG CAUSES OF DEATH?
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offer the transfer the transfer the transfer the transfer the transfer the transfer transfer the transfer trans	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM ETC)	CITY OR TOWN	COUNTY STATE
ATTENDS upitel or CTOR: A Corver of Healt			ital) attended the deceased from 12 19 it) view the body after death.	01	deoth occurred on the date and hour of	, that (I) (we) lost
ALOR /		276 SIGNATURE B	nelli.	DEGREE ATTENDING - PHYSICIAN [MEDICAL STAFF ☐ DIRECTOR ☐ PHYSICIAN	12/15/86
O FUNER C FUNER APORTAN		JOSEPH	Bone//	27e ADDRESS	Agnes Hosp	ifal.
BP	73a. 8	BURIAL CREMATION, REMOVAL	12/18/86 F	NAME OF CEMETERY OR CREMATORY	23d LOCATION REPORTOR TOWN	OUNTY M STATE
DHMH - 16 60M 7/84	74.FL	INERAL DIRECTOR	ADDRES	5311 Ba DA	TE REC'D. BY REGISTRAR 256. REGISTRA	R'S SIGNATURE

3 physician and campletely filled in by the funeral director. page 3 onpapers. Pages 1 and 2 should be filed within 72 haurs after death

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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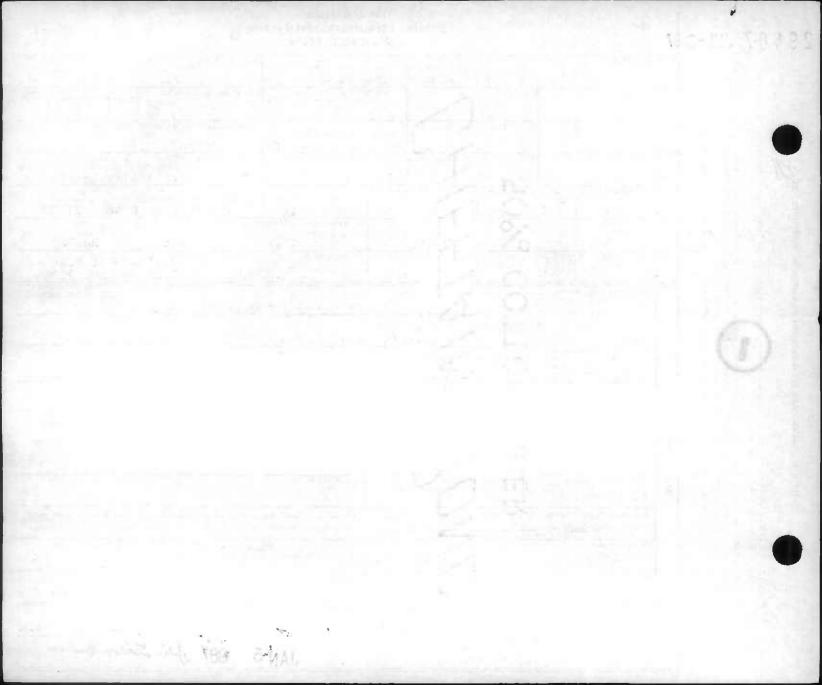
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{11	L'Etzu		M. B	OYLE OYLE	/	2 30 86	5 530 Am	
	Female	4 RACE Whit	s. DATE C		6 AGE (IN YEARS LAST BIRTH		EAR IF UNDER 24 HRS	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	76. CITIZEN OF WHAT CO	MARRIEI	D NEVER MARRIED DIO	Baltimore city or		MD.	
9	CITY OR TOWN OF DEATH Baltimore		, NURSING HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Administrat	WORKING LIFE) INDUS	DOFBUSINESS OR City Baltimore	
130		VTY 13c. CITY	OR TOWN	13d INSIDE CITY LIMITS? YES □ NO XX	13e.STREET ADDRESS / 908 Sedg		21228	
7	Robert		lohler	15. MOTHER'S MAIDEN NA/	e Le		Hashaw	
	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) YES WW	E WAR OR DATES)	07-2814	Mr. L. C.	Dunbar Bal	Sallow Hil timore, M	Road D. 21229 PROXIMATE INTERVAL MEEN ONSET AND DEATH	
NOI	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NOT						20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sum \text{NO} \sum \text{NO} \sum \text{I}		
MEDICAL CE		HOUR A.M. MO	NTH DAY YEAR 19	21t HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	FINITEM 18 PART I OR PART	T 2)	
ME	AT WORK AT WORK	(AT HOME, STREET, FACTOR	RY, OFFICE FARM, ETC.)	STREET	CITY OR TOW	N COUNTY		
	220.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	10 00	19 <u>86</u> , or	1) ATTENDING	Resiblent MEDICAL STAFF	221. D	the couses stated ATE SIGNED	
	22d PHYSICIAN'S NAME (TYPEO KATHERII	VE TKACZO		311171101	DIRECTOR PHYSICI		s Averio	
	BURIAL, CRÉMATION, REMOVAL (SPECIFY) Cremation	12/31/86		EMETERY OR CREMATORY W Crematory	23d LOCATION CITY OF TOWN Catonsv	rille	Maryland	
24	Lefa Mercro& Russe 1630 Edmondson A	11 C. Witzke	Funeral	Homes P. A 250 DAT	E REC'D. BY REGISTRARY		NATURE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate hos been signed in should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior ta burial.

IMPORTANT: If Item 21 is morked ar Item 18 shows any injury, or other troumaticevent, the



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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026889 DEC	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 3 4 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e 4 may be ctar. page 3 softer death	DECEASED NAME FIRST MIDDLE LAST SO DATE OF DEATH MONTH DAY YEAR 26 HOUR SEX Male 1. RACE Caucasian S. DATE OF BIRTH MONTH DAY YEAR 4. RACE Caucasian 2. B 43 YEAR 4. SYRS. 1. DAY YEAR MONTH DAY YEAR 4. SYRS. 1. DAY YEAR MONTH DAY YEAR MONTH DAY YEAR 4. SYRS. 1. DAY OF DEATH MONTH DAY YEAR MONTH DAY MONTH DAY YEAR MONTH DAY YEAR 4. SYRS.
ofter death. Pog	BIRTHPLACE (STATE OR FORE IGN.) 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED DIVORE
YLAND 2120 thin 24 house ely filled in B	SUAL RESIDENCE (IF NUISING HOME OR OTHER INSTITUTION GIVE & SEPORE ADMISSION) 13. COUNTY 13. CUTY OR TOWN 13. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 12. 36. Z. SAIPMIANE 15. MOTHER'S MAIDEN NAME
MORE, n and co Poges I	INST DOHN E. BOZENBURY FRANCES SOPKO B. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 152-34-9520 JUNE GRAY BOZENBURY (SAME AS#13)
201 W. PRESTON ST., es that the death certificated by the attending phyplease remove carbana urial, cremation, or remo	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSE (a) IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10.
N OF VITAL RECOING PARTIES OF THE CONTROL OF THE CO	Rend Galue 190 DATE OF OPERATION 100 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? (15 EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? (15 EITHER NOTIFY MEDICAL EXAMINER) 210 PLACE OF INJURY (211 EVACE OF INJURY (212 EVACE OF INJURY (313 INJURY OCCURRED 214 LOCATION 215 LOCATION 216 PLACE OF INJURY (314 HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217 STREET 218 COUNTY STREET CITY OF TOWN COUNTY STATE
OR ATTENDO s haspital or DIRECTOR: A ched for use them 21 is m	WHILE NOT WHILE AT WORK AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220. I certify that (I) (this haspital) attended the deceased from Saw the deceased alive on above. (I) (we) (did) (did not) view the body attel death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the Store I. IMPORTANT: If	AUCTIN MA UMC 22. S. Greene, Balto, MD 2120 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION CREMATION 12-5-1986 CHAMBERS CREM. RIVERDALE, VGC. MJ.
DHMH - 16 60M 7/84 (VRA 15, 4)	FUNERAL DIRECTOR NAME N.W. CHAMBER CO FIC. SILVIER SPRINGING. DEC 11 1986 Julia Director. Reading.

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(VRA 15, 4)

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DEPARTMENT	OF HEA	LTH AND	MENTAL	HYGIENE
7.5	DTIELC	ATE OF	DEATH	

FOR STATE REGISTRAR			DEPARTA		EALTH AND I	MENTAL HYGI EATH	ENE 8 Q	. J	4 !	0 /
DECEASED NAME	Naom 1	Eliza	abeth	Brad.	shaw			MONTH DAY	YEAR /86	26 HOUR 0355 M
3. SEX	emale 4	RACE	nite	5. DATE O	F BIRTH3	YEAR	6. AGE (INYEARS LAST BIR		UNDER I YEAR	HOURS MIN.
70. BIRTHPLACE (ST	ATE OR FOREIGN 7		WHAT COUNTRY?	B	□ NEVER A	AARRIED .	9. BALTIMORE CITY O		FDEATH	MD
Baltamor	c	I. NAME OF I	HOSPITAL, NURSING HEACHLITY, GIVE STREET	G HOME O	R OTHER INST		120 USUAL OCCUPATI (1YPE OF WORK FOR MOST O Homemake	F WORKING LIFE)	INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE	13b. COUNT		13t. CITY OR TOW	N	136. INSIDE C	NO 🗌	13e STREET ADDRESS / 270 / Ails		212	14
14. FATHER'S NAME FIRST Arthu	r	DDLE	Davis			MAIDEN NAM FIRST DS a	WIDDLE		Batte	nfield
160. WAS DECEASED (YES, NO OR UNKNOWN NO		ED FORCES? WAR OR DATES)	166. SOCIAL SECU 216-09-		John		adshaw, I		_	1236 an Ct.
Conditions, i gove rise touse (o), underlying	DEATH IEnter only ATH WAS CAUSED IMMEDIATE fony, which immediate stoting the couse lost. R SIGNIFICANT CO	BY: CAUSE (o) DUE TO, OI (b) DUE TO, OI (c)	Pardia Z RASACONSEQUE Sep RASACONSEQUE	Arr SIS	not related	TO THE TERMI	nal disease or con	DITION GIVEN		KIMATÉ INTÉRVAL ONSET AND DEATH
NOTE OF C	PERATION	19b. CONDI	ITION FOR WHICH	OPERATION	N WAS PERFO	RMED	200 AUTOPSY? YES NOX	20b. IF YES, V IN CERTIFYII	NG CAUSES	NGS USED S OF DEATH?
OR CONTRIBUTION (IF EITHER, NOTE 21d: INJURY O	G CAUSE OF DEATH	P. 21e PLACE	M. MONTH DA M.	19	211 LOCATION STREET		ED (ENTER NATURE OF INJUI		(OUNTY	STATE
	eceosed phye on (we) (did) (did not)		e deceased from		d that in my	TTENDING _	eoth occurred on the do	F	nd from the	
C.	N'S NAME (TYPE ORP	Curry	/		22e. ADDRES	1991	Thus p	IMIN []	101	
23a. BURIAL, CREMA (SPECIFY) Buri		23b. DATE Dec.11	.,1986 G		Haven		Glen Bu		A . A .	Md.

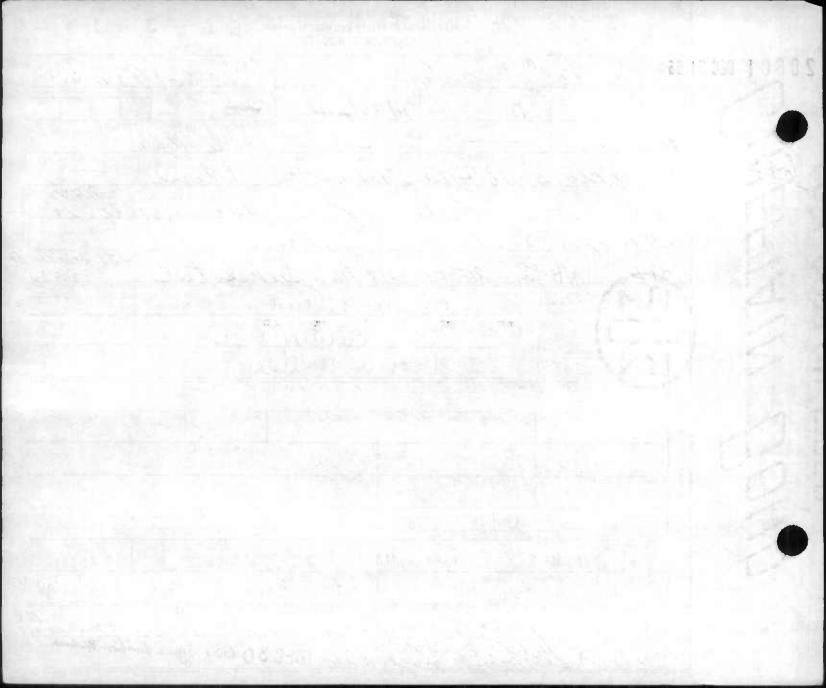
DHMH - 16 60M 7/84 (VRA 15, 4)

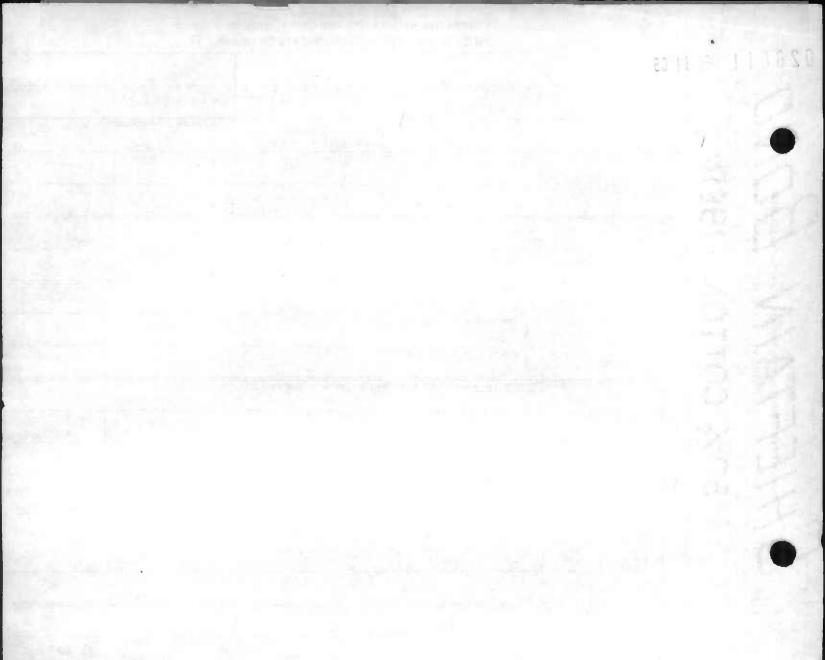
DEC 1 1 1986 Julia Decider 2 *ROBERT CR. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

2 - 67 (11) 700 750

As made to what themselves to be to the

	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH	8 6 3 4 1 9 C
8 F DEC 31	200	Hailes Brady	Dec 26/986 0145
age 4 mo rector, p un affer.	1.58	M MOYTHAG GAY YEAR	5E (IN TRANSTANT BARTHOLIAS) # UNICE T 16 AN # UNICE T 54 AN TOURS THAN
Mineral de	()	MARRIED NEVER MARRIED WIDOWED DIVORCED	Ballo. Md.
H-90	B	NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE)	USUAL OCCUPATION OF WORKERS OF MODUSTRY
in 24 ho r tilled in hydda be	la. j	Mel Sular YES NO 1	TREET ADDRESS DIP CODE
	1	Filliam Budy Unknow	P. MARCHA JAST
be executed by Property	4	WAS DECEASED EVER IN U.S. ARMED FORCEST THE SOCIAL SECURITY NO. 17 INFORMANT SECURITY NO. 17 INFORMANT SECURITY NO. 117 INFORMANT SECURITY SECURITY NO. 117 INFORMANT SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY	Relatiel 145/ Held
g physics on paper enemal, th	(PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death or otherdin over carb thian, or resumation	6	Conditions, if any, which (10) DUE TO, OR AS A CONSEQUENCE OF CONTROL ()	1 Disex-
flot the Lby the rate rem of cremt	16	gave rise to immediate could stating the underlying could last. Due TO. OR AS A CONSEPPENCEPHETS Wellite	0
equirer Then pli 1 to burn injury, a	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART 110
he law on. Los ber to permit after prior to permit after the permit	THICAT	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20	20 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ACIAN, a p. physic settlicati not hom miol Hyg in 18 ú	CAL CER	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ortendon ortendon na the thou frond Ma	MEDIC	216. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
CTOR; A CTOR; A for use of of Heat		22a I certify that (I) (this hospital) attended the deceased from	o, that (I) (we) lo occurred on the date and hour and from the couses stated
At OR 2 At Disease At a Best of Best At if New		Bot, Mid / R. Brigh MD ATTENDING DER PHYSICIAN DIR	DICAL STAFF ECTOR PHYSICIAN
O HOSPITAL PROJECT BY IT TO FUNERAL Hould be det white State MPORTANT.		HAROLD BOB, M.D 220 DAR 7220 BAR	K HTS AVE BALTOMI
BP	23a 8		of LOGATION Puche County of the
The Control of the Co	11.50	AD IUM DIRECTOR (2) 250. DATE REC	D. BY REGISTRAR 251 REGISTRAR'S SIGNAL





07/84

BP **DHMH - 17** (VR A15 ME (5))

1.5						YES IXI NO L
1	210 EXTERNAL CAUSE WAS UNDERLYING XXOR	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	216 HOW INJURY OCCURRE	D CENTER NATURE OF INJURY IN ITEM IS	PART 1 OR PART 2)	
13	CONTRIBUTING CAUSE OF DEATH	? P.M. 12-24 1986	subject was s	shot		
13	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME,	211 LOCATION			
13	WHILE NOT WHILE XX	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE NA
	AT WORK AT WORK	street	2600 blk. Li	berty Heights A	Avenue,	Balto., Mo
	220 I certify that I tagligcharge of the	remains described above, held an	Autapsy X Inspection	n , Inquiry , a	nd in my apiniar	
	death resulted frame	es Accident , Suice	de . Hamicide XX	Undetermined manner		
	1/1/201	1 DOM	TITLE (SPECIFY)			
	ACTUAL SIGNATURE	1/10/	M.D. Assistant	t_MEDICAL EXAMINER	DATE SIGNED	12-25-86
1	SIGNATURE		M.D.	MEDICAL EXAMINER	SIGNED	
1	EXAMINER'S NAME Charles	P. Kokes, M.D.	111 Pe	enn St., Balto	., Md.	21201
-	(FITE OR FRINT)					
230	BURIAL, CREMATION, REMOVAL 23b. DAT		TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE.
	(SPEC Burial 12/2	9/86 Eastview Ce	metery	Baltimore		Md
24	FUNERAL DIRECTOR		250. DATE I	REC'D. BY REGISTRAR 25h REC	GISTRAR'S SIGN	ATURE
	Wm. C. March Funeral Hom	ADDESSI F North Avan	DE DE	C301986	Divideon	D. Jack
L	Will C. March Taller at Holl	E TIOI L. NOI UT AVEI	ue DL	030 800	Depropage 1	Variation .

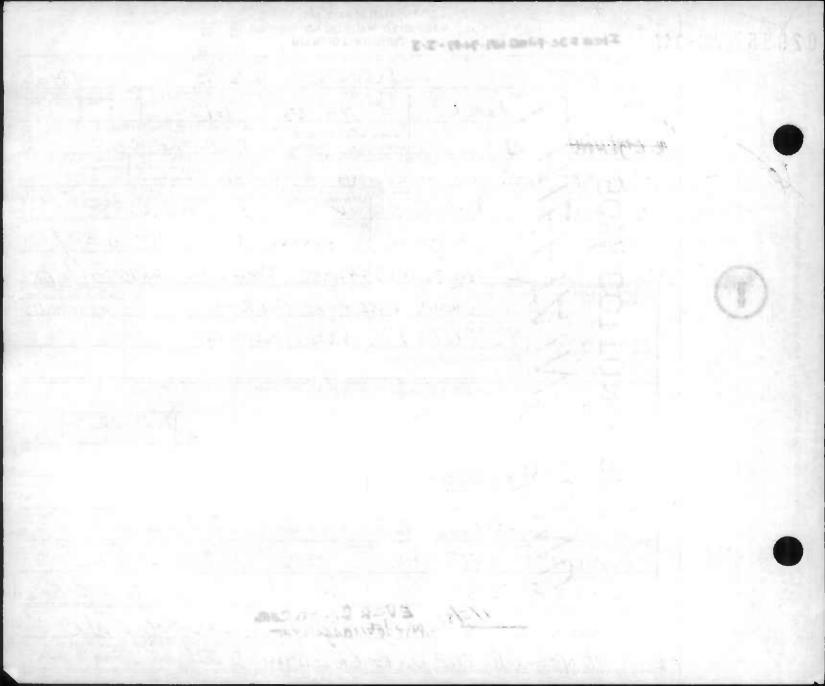
STATE OF MARYLAND

2b. HOUR

P. M



3+ 129557 JA	N -	-	FOR G-623 hu	, 823c , 1 2978 7 F.H., / GDEPAR FilmG 641-74-57 - I	MENT OF H	FAITH AND MENTAL HYC	GIENE & &	3 4	1 9 3
nay be page 3			CEASED NAME FIRST OR PRINT) JAMES	MIDDLE	BRI	ANNON	12/29/86	MONTH DAY YE	134 a M
age 4 mo rector. po		3. SE>	m	BLACK	5. DATE C	Z4 Z5	6. AGE (IN YEARS LAST BIRT	YRS MONTHS	DATS HOURS MIN.
	0	1	RTHPLACE (STATE OR FOREIGN OUNTR'')	U, S,	WIDOWE	1	BALTIMORE CITY O	RE CIT	Y MD.
1		10 CT	121 IMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREI UNIV. OF M	ARY LI	AND	(TYPE OF WORK FOR MOST OF		ND OF BUSINESS OR STRY
AND 21 hours in State	and the same of th	n	TATE 13b. COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY MC. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS /		323
, MARYL ompletely 1 and 2 s	exo.		SAMUEL	12011.	ION	15. MOTHER'S MAIDEN NA	MIDDLE	TON	EV
BALTIMORE	O Hedico	160 %	(AS DECEASED EVER IN U.S. AR ES NO OR HINKNOWN) (IF YES, GIV W. W.	VE WAR OR DATES)		FRANCES &	3 RANNUN	2840 (3. Iner
ST., BAL	avent, fp		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), o ED BY: TE CAUSE (o)		EST/KESPIR	ATURY		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
W. PRESTON not the death or by the attention sse remove cost.	other traumatic		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	(b) CONSECUTION OF AS A CO	BIL	MENAZ PN	EUMONIA		
RDS, 201 equires the signed Then pled	injury, or	NOI	110	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN IN PA	RT 1101
AL RECORDS, he law required. has been signt permit. Then ten prior to be	2 San	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO.	20b. IF YES, WERE FI IN CERTIFYING CAI YES [INDINGS USED USES OF DEATH? NO
OF VI	em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	AIR	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PAI	RT 2)
VG PHYSis of the rhis of the burd Me	arkedar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC }	21f. LOCATION STREET	CITY OR TO	WN COUN	TY STATE
spitol or CTOR: A I for use	21 is mo		sow the deceased alive on	of view the body ofter death.	86. or	d that in (my) (our) opinion	, to	ote and hour and from	
L DIRE	LT. If Hen		Hephin &	F. Setter	mo	ATTENDING PHYSICIAN [MEDICAL STAR	F /	129/86
TO HOSPITAL retained by th TO FUNERAL should be detained the State	MPORTA		STEPHEN 1	F, SETTER		UNIV. Of		2 S. GREE	NE ST
BP	2	(URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE / 5/87 23c	Wedo	R Green CE Wridge Cem-	M. 23d. LOCATION WITY OR TOWN	SA(Z-M, 1	V.C. STATE
DHMH - 16 60M (VRA 15, 4)		BR.	COWN THOMOSO	ON F. H. 1913	N. B.	9CTO. ST. 1250. DAT	6 1987	256. REGISTRAR'S SIC	



Stanley (same as 13e.) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 12/10/86 Holly Hill Mem Park Essex, Maryland 21220 Burial 24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md. 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

12b. KIND OF BUSINESS OR

INDUSTRY

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

028940

pletely filled in by the funeral director. In

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8.34195

14	REGISTRAR		CERTIFI	CAILOID	EMIN	ALG. N	50	-	
10	OPECEASED NAME FIRST		Bi	aswe	ol e	2a. DATE OF DEATH	2 2	00	35 PM
	3. SEX	1 RACE	5. DATE OF	BIRTH	YEAR OS	6. AGE (IN YEARS LAST BIR		NTHS DAYS	HOURS MIN.
1	70 BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? 8			9 BALTIMORE CITY O		FDEATH	
	North Carolina	U.S.A.	WIDOWED	NEVER N	ORCED	Baltimore	City.		MD.
2	10 CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE GOOD SAMAR IT	STREET ADDRESS)		ITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST ON A	ION	12b. KIND O INDUSTRY	F BUSINESS OR
A The	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU Maryland	PROTHER INSTITUTION, GIVE RESIDENCE INTY 13c. CITY OF Balti	imore	13d. INSIDE CI YES 🛣	NO 🗌		zip code a Road	21239	9
	14. FATHER'S NAME FIRST Henry	Braswe	ST	15. MOTHER'S Pel	MAIDEN NAM	WIDDLE		Coley	Τ
	160 WAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES)	8-2008	Delil:		ADDRE	_{sss} agra Ro	ad	
-	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CVA 190 DATE OF OPERATION 1910. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CON- (b) DUE TO, OR AS A CON- (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR W	SEQUENCE OF		TO THE TERM	Failure INAL DISEASE OR CON 20a AUTOPSY? YES NO	DITION GIVEN	WERE FINDIN	IGS USED
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, Coitol) attended the deceosed	19 DEFICE, FARM, ETC.) from 0 19 19, one	21f. LOCATIO STREET d that in (my)	, 19. 86		WN 19 one ond hour o	COUNTY	
	230. BURIAL, CREMATION, REMOVAL	12/25/85	Old Mil	METERY OR C	tery	23d LOCATION CITY OR TOWN GO 1 dsbord	ο,	COUNTY	N.C.
	MArch Funeral H	omes 1101 EÂS	st North	Avenue	DE(25b. REGISTRA	R'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other troumdie. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendishould be detached for use as the buriol-transit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

to the first 12 2 14 . 3 . 5 . James Tick Palmenary Edina Epsil & Congestive years Facultie CVA Decubili Morset, 196 Sunsk-William by Salas of the second Victor Chang ND 12/186

other tro

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with the State Dept. o IMPORTANT: If Hem

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STATE O

DEPARTMENT OF HEA CERTIFIC

Brawne

5. DATE OF E MONTH

MARRIED

WIDOWED

F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	IENES	D REG. N	3	4	ý	4 0	
	20. DATE O			DAY	YEAR	26 HOUR	
r			12	18	86	0658	am
24 08	6. AGE (IN)	EARS LAST BIR	THDAY)	MONTH	DAYS		HRS MIN.
NEVER MARRIED	9 BALTIMO	RE CITY O		Y OF D	EATH		
DIVORCED	Balt	imore	City	7			MD.
OTHER INSTITUTION	120 USUAL (TYPE OF WOR HO		F WORKING		NIND (DUSTRY	OF BUSINESS	OR
ES NO	13. STREET 3552	ADDRESS Rolan	d Ave	enue	21	.211	
MOTHER'S MAIDEN NAME FREST	ME	WIDDIE				aft	
INFORMANT		ADDRI	SS				
harles Braw	ner 30	00 Ke	swick	Ro	ad	21211	
h sudden a	rrhyt	hmia		-	APPRO: BETWEEN	XMATE INTERVA	ATH
hronic con	gesti	lve h	eart				
na.							
premature	athe	erosc	ler	sis	5		
ot RELATED TO THE TERM disease wi	inal diseas th ch	e or con	DITION G	esp:	irat	tory	
VAS PERFORMED	20a AUT	OPSY?				INGS USED	,
	YES 🗌	NO		YES 🗌	CAUSE	NO [
It. HOW INJURY OCCURE	RED (ENTERN	ATURE OF INJU	RY IN ITEM 18	B PARTIC	R PART 2)		
If. LOCATION STREET		CITY OR TO	NWN	C	OUNTY	STA	TE

PART 2 OTHER SIGNIFICANT CONDITIONS Chronic obstructi Failure FEV-I N CONTRIBUTING TO DEATH BUT NO pulmonary

190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, WERE IN CERTIFYING C YES
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR P
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN COU

present 22a. I certify that (I) (this hospital) attended the deceased from 78 86 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an

DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

276 PHYSICIAN'S NAME LITYPE OF PRINT 22e ADDRESS

23b DATE

Angel1 Charles S. M.D

M.

Caucasion

7b. CITIZEN OF WHAT COUNTRY?

USA

3332 Paine Street

NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

Baltimore

Heathcote 66. SOCIAL SECURITY NO

DUE TO, OR AS A CONSEQUENCE OF

218-22-2270

Acute MI wit

ASCVD with c

ailure angi

Diabetes with

23c NAME OF CEMETERY OR CREMATORY

Gardens of Faith

Avenue Balto Park 73d LOCATION CITY OF TOWN

COUNTY

STATE

21201

(SPECIFY)Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2

MEDICAL CERTIFICATION

FOR

STATE

Female

TO BIRTHPLACE (STATE OR FOREIGN

Maryland

10. CITY OR TOWN OF DEATH

Baltimore

Maryland

Norman

60. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which

gove rise to immediate

cause (0), stating the

underlying cause

230 BURIAL, CREMATION, REMOVAL

14. FATHER'S NAME

Margaret

113h COUNTY

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

4 RACE

I. DECEASED NAME LTYPE OR PRINTI

3. SEX

13a. STATE

(VRA 15, 4)

FUNERAL DIRECTOR:

A. Alan Seitz, Jr. 3818 Roland Avenue 21211

12/20/86

25a. DATE REC'D

Baltimore

BY REGISTRAR 25 REGISTRAR'S SIGNATURE

		of Telepoor 1
The state of the s	100	named to the
Her but set and the manner of the		
	 HIEV	

Charles 400 c 2 000 | reconstruction and laborate state of

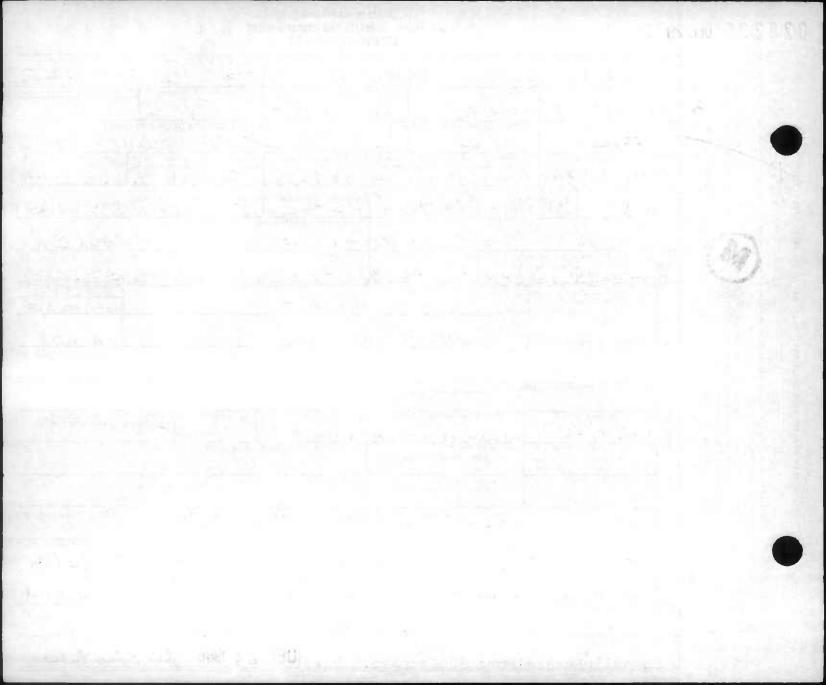
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				REG. N	0.		
	CEASED NAME FIRST	WIDDLE	LAS	Ti	2a. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
Tirre	KBNN B7	Hamilton	BRICKI	VER	Ta	12 2	086	2225 M
3 SE)		4 RACE	5 DATE OF	BIRTH YEAR	6. AGE TIN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	NALG	Ce 171765	/ /	14 1927	59	YRS.		HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	"Mary land	USA	WIDOWED	DIVORCED -	BAUT	MOR	13 CI	79 MD.
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
6	XX 11 11 1100 03	UN10 01=1	nd. 1705	PITAL	CLGR	K-B.		ilroad
13a S	AL RESIDENCE (IF NURSING HOME OF		TOWN	YES NO NO	13e STREET ADDRESS	ZIP CODE	Rd.	21221
14. FA	THER'S NAME	MIDDLE LAS		IS. MOTHER'S MAIDEN NA	AME			
11	08730	BRIC	KNER	BUSIG	WIDDLE	P	RANK	YUn1
16a V	AS DECEASED EVER IN U.S. AR		SECURITY NO.	17. INFORMANT	ADDR	ESS		
4		WWIGHAND 218.	-22-881	Debbie Ko	penig 7650	Sherl	ockCt	.21122
	18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), and (c).				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (D) CAR	DIACI	9RRBS7			Immi	BDIATE
	IN THE DAY		SEQUENCE OF					
	Canditians, if any, which	DUE TO, OR AS A CON		RCINOMA			1 111	21.71
	gove rise to immediate	(b) <u>[(7) (5) 7 [G</u>	SIPINE OF	1001111			1 1011	JIV / FI
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF					
		(c)						
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO THE TER!	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1 o	1
CERTIFICATION	IA DATE OF ORENATION	THE CONDITION COOK	WINCH OPEN ATION	14/45 0505000450	In autonova	TOAL IF VEC	WEDE EN ION	100 11000
IC.	190. DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
RTII	11194100	IN COMPLE	217 PAG	PAPLGEIA	YES NO	YES		NO 🗌
	210. ACCIDENT WAS UNDERLYING CAUSE OF DE.	216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJ	IRY IN ITEM 18 PAR	et 1 OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION	CITY OR TO	OWN	COUNTY	STATE
٤	AT WORK AT WORK	(AT HOME, STREET, FACTORY, C	JFFICE, FARM, ETC.)	3				
	22a.1 certify that (1) (this hasp	ital) attended the deceased	fram !!	19.50	2, to 12/26)10	906,1	that (I) (we) last
	saw the deceased alive an	ot) view The body ofter-death	19 06 , and	that in (my) (our) opinion	death occurred on the o	ate and hour	and from the	causes stated
	22h SIGNATURE	The Body Offer-death	D	EGREE			22c. DATE	SIGNED
	19027/9/	10/100	m	D, ATTENDING	MEDICAL STA		1/2/	29/86
-	224 PHYSICIAN'S NAME THE	SR PRINTY		22e ADDRESS D GP	7. OR740P.	AGPIC	sund	Gn-
-	corby m.	SCHMIDT		22 SOUTH	6NGBNG S	37126	BY BA	17. md
	URIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF CE.	METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
. '	Burial	12/24/86	HollvHi	llCemeters		iverB		Md.
24 FL	INERAL DIRECTOR			25a DA	TE REC'D. BY REGISTRAF	256. REGISTR.	AR'S SIGNAT	URE
,	ConnellyFune		ORESS	21221 DEC	2 4 1986	Julia 1	condum. t	Paridace
	June Livrune	La LHOME JUM	Jaceave	4144		1		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



23t. NAME OF CEMETERY OR CREMATORY

21215

FORBAND

23d LOCATION

DEC 3 0 1986

ROSEDALE

2h HOUR

2d HOUR

STATE

STATE

BALTO.

Julia Divideon Pandals

MD

07/84 DHMH - 17 (VR A15 ME (5)) 230. BURIAL, CREMATION, REMOVAL 23b. DATE

6010 REISTERSTOWN RD.

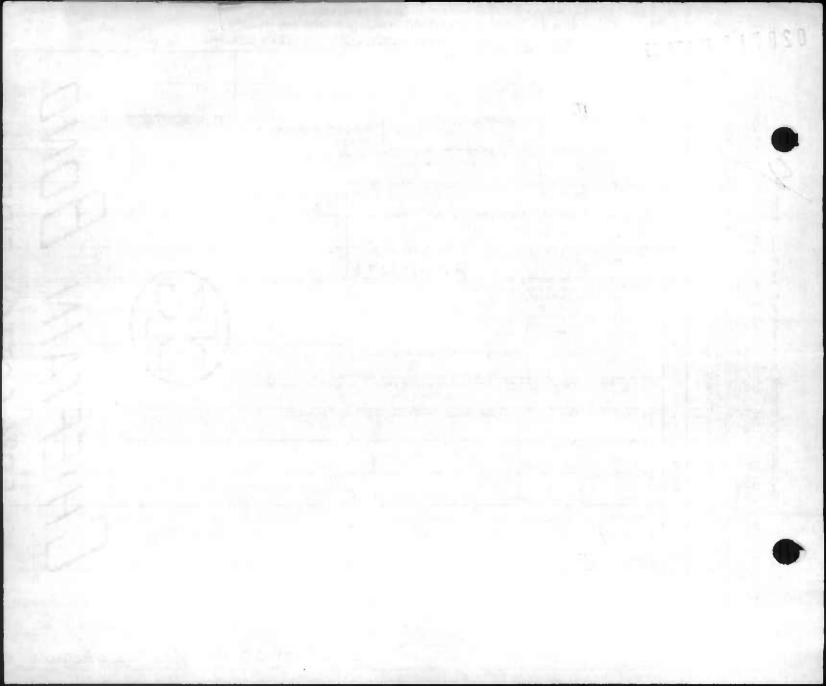
BURIAL

24 FUNERAL DIRECTOR

DEC.24,1986

SOL LEVINSON & BROS., INC.

BALTO., MD



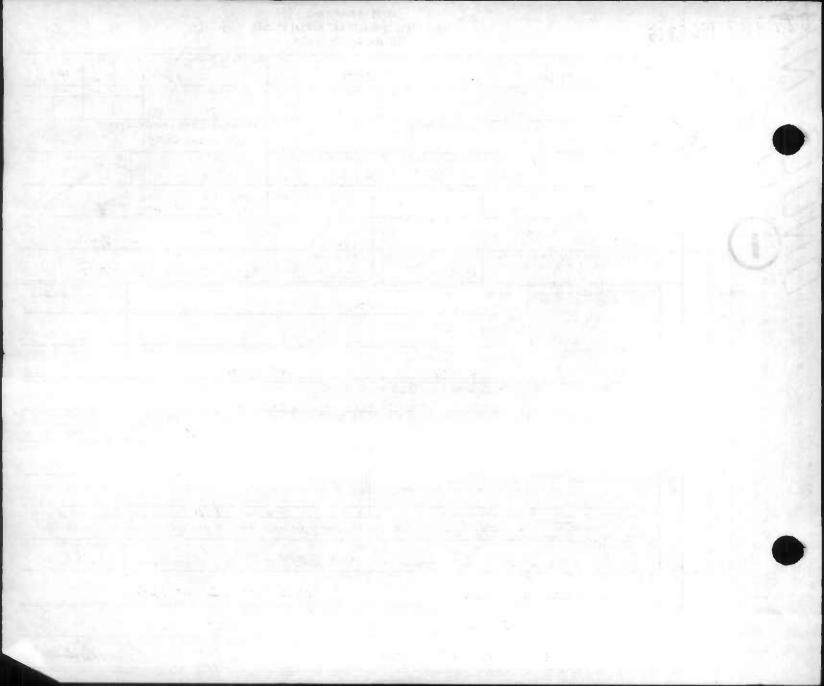
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be apprehend within 24 hours offer death. Page 4	retained by the hospital or ottending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and compilitive filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Power, which is state Dept. of Health and Mental Hygiene prior to burial, creamotian, or removal. IMPORTANT: If them 21 is marked or teen 18 shows any injury, or other traumatic event, the medical prominer must be indicated at once.
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	250 110					

027982 DEC.	23.	FOR TATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND REALTH AND MENTAL HYD FICATE OF DEATH	SIENE 6 6	34199
W-RI	1 DF	CEASED NAME FIRST	MIDDLE		LAST		ONTH DAY YEAR 26 HOUR
ge 3 eath	(1798	Fanni	e K.	Br	iscoe		2 15 86 405 M
ma)	3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	
ctor soft		female	black	MONT	20 1909	77	YRS. DAYS HOURS MIN.
Poge direct	Ta B	IRTHPLACE ASTATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TOV2 8		9. BALTIMORE CITY OR	
decity of the state of the stat		Florida	USA	WIDOW	D D NEVER MARRIED DIVORCED	Baltimore C	
ie fu	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO	JRSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	
S off	E	Baltimore	Union Memor	ial Hos	pital	Retired	VORKING LIFE) INDUS (RT
MARYLAND 21201 martin 24 hours of the condition of the co		AL RESIDENCE IN NURSING HOME (STATE 13b. COU	OR OTHER INSTITUTION GIVE RESIDENCE UNTY 13c. CITY OR BALTIMO	TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z 4711 Pilgri	m Road 21214
MARYLA MA	14. F/	ATHER'S NAME FIRST Handy	MIDDLE LAS		15. MOTHER'S MAIDEN NA FIRST Fannie		Harris
		WAS DECEASED EVER IN U.S. A		SECURITY NO.	17. INFORMANT	ADDRESS	
BALTIMORE, cote be made to speed by speed on the speed. Pool of the medical it, the medical of the speed of t	(YES, NO OR UNKNOWN) [IF YES, C	. 262-15	-8107	Johnnie Baker	1720 N. 51st F	Philadelphia Pa
201 W. PRESTON ST., res that the death certific ned by the attending phyplease remove corbangourial, cremation, ar remove, or and y, ar ather traumatic even		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	ATE CAUSE 10).	enmon eouence of eouence of static	debilitation	MO MA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS n sig	o N	Myper	interma :	Spural	cord compre	SSIOh	
L RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W			20a AUTOPSY?	NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
OF VITA CIAN: TI physical physical ol-transid atal Hygin sem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	NITEM 18 PART 1 OR PART 2)
DIVISION OF VITAL RECORDS, NG PHYSICIAN; The law requir r attenting physician. Wher this certificate has been signs the buriol-transit permit. Then th and Mental Hygiene prior to be acked at Item 18 shows any injury	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR: Aft for use a of Health			pital) attended the deceased from 12/15	ram	nd that in (my) (aur) opinian		and hour and from the causes stated
PITAL OR A by the hos teral DIREC State Dept.		22b. SIGNATURE	in 9. 0%)muil	DEGREE ALTO ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED
SPIT A by VER De c	1	22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)		22e ADDRESS		
TO HOSPITAL retained by 1 TO FUNERAL should be det with the State		Patric	k G. O'Daniel		Union	Memorial Hosp	pital
T res	23a. I	BURIAL, CREMATION, REMOVA	12/20/86		EMETERY OR CREMATORY	23d LOCATION OUTPORTOWN M	ille COUNTY MA

24 FUNERALD RECTOR
March Funeral Home West 4300 Wabash Avenue 250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE.

DHMH - 16 60M 7/84 (VRA 15, 4)



8	1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE B D S	4 2 0 0
0 2 9 5 3 2 JAN -		CEASED NAME FISTILL	IAN MIDDLE M	AY BRISTOW	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 31 1/86 5 PM
ge 4 moy rector. pa	3. SE	Female	RACE White	S. DATE OF BIRTH MONTH DAY YEAR	49 YRS.	FUNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
On the state of th	B	a Hullack Maryland	USA.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. BALTIMORÉ CITY <u>OR</u> COUNTY Baltimore	centy MD
30	B	altimore UD	MICH IN SUCH FACILITY, GIVE	Hamilton	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING IN Operator	Apartment
MARYLAND 21, red within 24 he ond 2 should be examined or 3 should be examined	V	JAL RESIDENCE UF NURSING HOME OF O STAMARYLAND 136 COUNT Whan HOUSE AND ATHER'S NAME	1 1 1	ACTIMORE 13d INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS / ZIP CODE 29th & Howard S	
	C		ED FORCES? 166 SOCIAL	FIRST	WIDDIE SCHET	Thaus LAST
BALTIMORE,			war OR DATES) 214-	28-517M.S.Bristow 8	39 Evesham Ave 2	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 8A NG PHYSICIAN: The low requires that the dealth confident for this certificate has been signed by the attention of the buriol-transit permit. Then please remove an unusual os the buriol-transit permit. Then please remove an unusual th and Amental Hygene prior to buriol, cremation, orked or them 18 shows any injury, or other troumante.		PART I. DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF	cular Diseau	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ORDS, 201 requires the sen signed it. Then plec or to buriol	NOIT	Peliyo	testion	GIO DEATH BUT NOT RELATED TO THE TERM		
TALRECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{D} \)
ION OF VITAL HYSICIAN: The dring physicion buriol-tronsit Mental Hygies Mental Hygies	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18. P	COUNTY STATE
DIVISION PROPERTY After the sosthe outled on norked of	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, O		to Dec. 31	2/
OR ATTEND OR ATTEND DIRECTOR: sched for uss Dept. of Hea	1.	22a. I certify that (I) (this haspital saw the deceased alive on above, (I) (we) (did) (did not)	Dec - 31	0/ 1	death occurred on the date and hou	19, that (I) (we) lost ir and from the couses stated
TAL OR A y the hor RAL DIREC detoched detoched tote Dept		22b. SIGNATURE	bone		MEDICAL STAFF DIRECTOR PHYSICIAN	12-31-86
TO HOSPITAL of reformed by the TO FUNERAL IS should be deto with the Store E IMPORTANT: IF		22d PHYSICIAN'S NAME (TYPE OR CORAZON	PRINT) IERGARA -		PAUL ST. BALT.	ND. 2/2/8
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Bruial	23b DATE 1-5-87	23c NAME OF CEMETERY OF CREMATORY Mt. Olivet	Balto. City	Maryland

Mitchell-Wiedefeld Home 6500 York Road 21212

STATE OF MARYLAND

JAN 7 1987 Julia Dividen Randara

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

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		FOR STATE REGISTRAR		ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE B O	3 4	1 2	0 !
-		EASED NAME FIRST	WIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	(1.11)	Sadie	Br	OCK	cington		12 2	5 86	12号M
	3. SEX	C- 1	RACE · B	S. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	HOURS MIN.
200	0	OUNTRY)	b. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTYO	POEATH	
Prop.	1	NORFOLK, VA.	U.S.A.	WIDOWE		Bal	cr u	Ž	MD.
10	10. C1	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AS		Conte	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	BUSINESS OR
E.	13a. S		THER INSTITUTION, GIVE RESIDENCE BEFORE A 130. CITY OR TOWN BALTO.		13d INSIDE CITY LIMITS?	3. STREET ADDRESS /			E21207
	500	THER'S NAME OHTHAN SPICER	IDDLE LAST		UNKN.			£AST	
7		/AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE			17 INFORMANT	TSON 7220		ו ווידוז	20
the s		NO	212-366	0 - / 0	L ATOTA DO	150N /220	UAKII		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and BY:		who ares	7.4		BETWEEN	NATE INTERVAL NSET AND DEATH
	2	IMMEDIATE			allon office	7.26			
-	1	Conditions, if any, which	DUE TO, OR AS A CONSEQUEN	ICE OF					
		gove rise to immediate couse (0), stating the underlying couse last	DUE TO, OR AS A CONSEQUEN	ICE OF					
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN	IN PART To	
200	10								
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDIN NG CAUSES (
9		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	71c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
-	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI		21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		22a.l certify that (I) this hospital sow the deceased alive on obove, (I) (we) (did) (did not)	12 25 8 19	86.0	nd that in (my) (our) opinion (to 12 25	te and hour a		hat (I) we lost
		77b. SIGNATURE	> The body offer devil.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		12 2	SISTED

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

116ertu

DHMH - 16 60M 7/B4

LEROY O. DYETT 4600 LIBERTY HEIGHTS (VRA 15, 4)

hiorpensi, mo

12/29/86

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

BURIAL

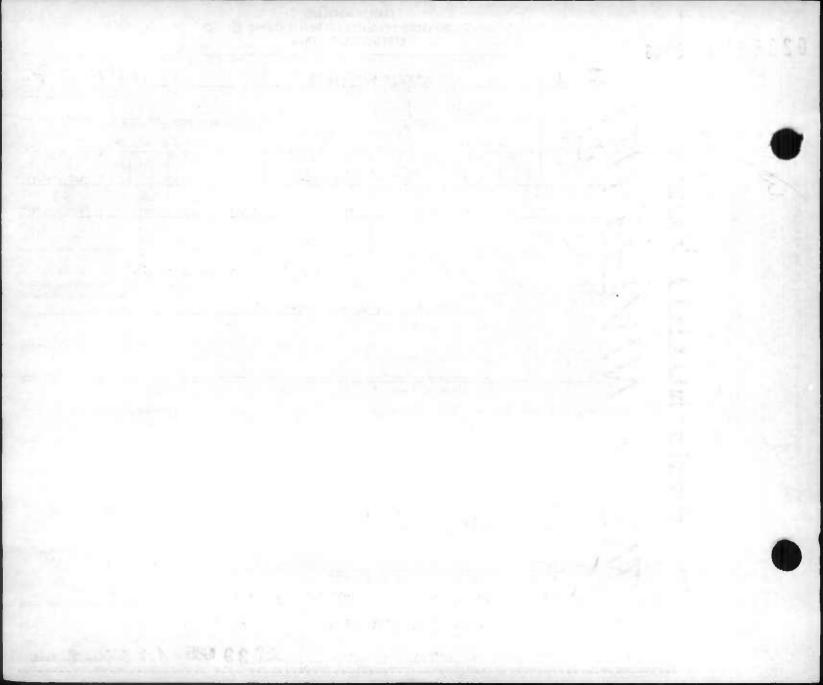
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEC 2 9 1986 Tindero . Rindiace

MD

medical

BALTO.,

23d LOCATION



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛎

2

1. DECEASED NAME FIRST MIDDLE	CERTIFICATE OF DEATH	REG. NO.	100						
(TYPE OR PRINT)	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR						
Dorothy L. E	rocklander	Dec 26, 1986	122						
3. SEX / 4 RACE 5	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UN	HOER I YEAR IF UNDER 24 HRS						
FEMALE WHITE	4 15 18	68 YRS.							
7a. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF	DEATH						
1.// 0.0	WIDOWED DIVORCED	DALTIMORE C	-ITY MD.						
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD			26 KIND OF BUSINESS OR						
BALTIMORE DEATON HOS	PITAL	SALESLADY.	RETAIL						
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD 13a STATE 13b COUNTY 13c. CITY OR TOWN	MISSION) 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE							
MARYLAND BALTIMO		5225. CURLEY	ST. 21224						
14 FATHER'S NAME FIRST MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME	LAST						
EARL HENRY SPANG	LER MAURE		SNEAD						
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		ADDRESS	, ,						
(res. NO ORDINANOWN) (Fres. GIVE WAR OR DATES) 228-16-3	365 ADMISSI	ON Record 61	15 Charles St						
18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c)									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PART I. DEATH WAS CAUSED BY:								
DUE TO, OR AS A CONSEQUEN									
Canditians, if any, which (b)									
gave rise to immediate cause (a), stoting the DUETO, OR AS A CONSEQUEN									
underlying couse last	underlying couse last (c)								
	ATHERUT MOT BELLIED TO THE TER	AND AND DISEASE OF CONDITION COVERNIN							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT KETATED TO THE TEK	MINAL DISEASE OR CONDITION GIVEN II	N PART Ira						
	ATH BUT NOT RELATED TO THE TER								
		20a AUTOPSY? 20b. IF YES, WE	RE FINDINGS USED						
	PERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WE IN CERTIFYING YES NO YES TEN	RE FINDINGS USED G CAUSES OF DEATH?						
190. DATE OF OPERATION 196. CONDITION FOR WHICH OF THE PROPERTY OF THE PROPERT	PERATION WAS PERFORMED 716. HOW INJURY OCCU	200 AUTOPSY? 200 IF YES, WE IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH?						
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF THE PROPERTY OF THE PROPERT	PERATION WAS PERFORMED 716. HOW INJURY OCCU	200 AUTOPSY? 206 IF YES, WE IN CERTIFYING YES NO YES TEN	RE FINDINGS USED G CAUSES OF DEATH?						
198. DATE OF OPERATION 198. CONDITION FOR WHICH OF THE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARE)	PERATION WAS PERFORMED YEAR 19 211. HOW INJURY OCCU	200 AUTOPSY? 206 IF YES, WE IN CERTIFYING YES NO YES TERMINATURE OF INJURY IN ITEM 18 PART 1	RE FINDINGS USED G CAUSES OF DEATH?						
198. DATE OF OPERATION 198. CONDITION FOR WHICH 198. CONDITION FOR WHICH 198. CONDITION FOR WHICH 198. COND	PERATION WAS PERFORMED YEAR 19 211. HOW INJURY OCCU	200 AUTOPSY? 206 IF YES, WE IN CERTIFYING YES NO YES TERMINATURE OF INJURY IN ITEM 18 PART 1	ERE FINDINGS USED G CAUSES OF DEATH? NO ORPART 2)						
190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OF OPERATION 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED 21c. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARMATH WORK NOT WHILE AT WORK AT WORK 21c. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARMATH WORK NOT WHILE AT WORK 21c. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARMATH WORK NOT WHILE AT WORK AT WORK NOT WHILE AT WORK AT	PERATION WAS PERFORMED YEAR 19 211. HOW INJURY OCCU YEAR 19 211. LOCATION STREET NOV 21 19	200 AUTOPSY? 206 IF YES, WE IN CERTIFYING YES NO YES TERM 15 PART 1.	ERE FINDINGS USED G CAUSES OF DEATH? NO ORPART 2)						
190. DATE OF OPERATION 196. CONDITION FOR WHICH OF THE PROPERTY OF THE PLACE OF INJURY OF THE PROPERTY OF	YEAR 19 211. HOW INJURY OCCU YEAR 19 211. LOCATION STREET 19	200 AUTOPSY? 206 IF YES, WE IN CERTIFYING YES NO YES TERM 15 PART 1.	COUNTY STATE						
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190. DATE OF OPERATION 190. CONDITION FOR WHICH OF OPERATION 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT	PERATION WAS PERFORMED YEAR 19 211. LOCATION STREET NOT 19 211. LOCATION OF 19 211. LOCATION OF 19 And that in (my) [off] apinion DEGREE ATTENDING	200 AUTOPSY? 206 IF YES, WE IN CERTIFYING YES NO YES TERMINER OF INJURY IN ITEM 18 PART IN CHITY OR TOWN	COUNTY STATE						
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190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OF THE PROPERTY OF TH	YEAR 19 211. LOCATION STREET AOV 21 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IF YES, WE IN CERTIFYING YES NO YES TO	COUNTY STATE						
196. CONDITION FOR WHICH OF OPERATION 196. CONDITION FOR WHICH OF OPERATION 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, MOTHY MEDICAL EXAMINER) 216. INJURY OCCURRED WHITE NOT WHITE (AT HOME STREET, FACTORY OFFICE, FARM OPERATE OF INJURY) 220. I certify that (I) (this Mospital) attended the deceased from above, (1) (well (did) (due not) view the body after death. 226. SIGNATURE	YEAR 19 211. HOW INJURY OCCU YEAR 19 211. LOCATION STREET 19 20 211. and that in (my) (out) apinion DEGREE ATTENDING PHYSICIAN 220. ADDRESS	200 AUTOPSY? 200 IF YES, WE IN CERTIFYING YES NO YES TERM 18 PART IT CITY OR TOWN 10 PC 26 19 20 10 death occurred an the date and haur and MEDICAL STAFF DIRECTOR PHYSICIAN W. Ballimore, M.	COUNTY STATE						
190. DATE OF OPERATION 190. CONDITION FOR WHICH OF OPERATION 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARMINER) 22d. I certify that (I) (this laspital) attended the deceased from above, (I) (we) (did) (did not) view the body after death. 22d. SIGNATURE 23d. BURIAL, CREMATION, REMOVAL 23b DATE 23c NA ISPECIAL SPECIAL SPECI	YEAR 19 211. HOW INJURY OCCU YEAR 19 211. LOCATION STREET ATTENDING PHYSICIAN 222. ADDRESS ME OF CEMETERY OR CREMATORY WOOD CEMETT:	206 AUTOPSY? 206 IF YES, WE IN CERTIFY INC YES NO	COUNTY STATE CO						

should be defached with the Store Dept MPCRTANT. II

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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Lording Land March 1 . . . When I

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 8	FOR STATE EGISTRAR	DEPARTI	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		3 4 2 0 5
1. DE	CASED NAME FIRST BYE	KOS I RACE.	S. DATE OF BIRTH	20. DATE OF DEATH MO	2 1486 845FM
1	un ,	LOUIZEN OF WHAT COUNTRY?	MONTH GAY 19	B BALTIMORE CITY OR	MONTHS DAYS HOURS MIN.
6	Bulionrel		MARRIED NEVER MARRIES WIDOWED DIVORCES G HOME OR OTHER INSTITUTIO	Battem	re Cety MD.
1	Pattemiel	(IF NOT IN SUCH FACILITY GIVE STREET South Battuney DITHER INSTITUTION GIVE RESIDENCE BEFORE	e General &	THE OF JORK FOR MOST OF WO	ORKING LIFE) 176 KUP OF BUSINESS OR INDUSTRY VIGENORMA
130	STATE INCOUNT	TY 13c. CITY OCTOW	YES NO E	310 ch	4 St 2123
1	Joseph	AIDDLE BAST &	15. MOTHER'S MAID!	shine MIDDLE	LAST
	WAS DECEASED EVER IN U.S. ARA (YES DOOR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 215-03	-0656 Lieke	unelizeue.	3/3 Hewfund R
	PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), an BY: CAUSE (a)	lac Pulmo	navy Arra	BETWEEN CHISET AND DEATH
NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUI (b) CONSEQUI DUE TO, OR AS A CONSEQUI DUE TO, OR AS A CONSEQUI DUE TO, OR AS A CONSEQUI	ENCE DESIDER ON	Chronic Obs 2 Mujeraded ETERMINAL DICEASE OR CONDITION	Truckee
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR 19 21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE OF NOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an abave, (1) (we) (did) (did not	Olec 14 19	AVEC (4, 19)	pinian death accurred an the date	and have and fram the causes stated
	27b. SIGNATURE	Klupe	DEGREE ATTEND PHYSIC		12/14/86
	224. PHYSICIAN'S NAME CLYPE OR	Gruffin	300 / S	s Hander	81.
The S	BURIAL CREMATION, REMOVAL	13/11/86 7	SAME OF COMPTERY OF CREMA	m. In Pel	chet scherry
9	TO LES	enginteep	see the	DEC 1 5 1986	Author Deviden Pendage

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

TO HOSPITAL

IMPORTANT, If from 21 is

STATE OF MARYLAND

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98 DEC -9	88	FOR STATE REGISTRAR	DEPARTA		ALTH AND MENTAL HYGI	IENE 🖁 💍	3	4 2	U -	
		CEASED NAME FIRST	MIDDLE	LAS		20 DATE OF DEATH M		Y YEAR	2b. HOUR	
ay be	[IAb	JAME:	Edward E	BROMWE	ELL	DECEMBER	6, 1	986	9:39 A	
ge 4 may	3. SE	x Male	Mhite	5. DATE OF	BIRTH 2/14897 YEAR	6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
Reath. Page		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED	NEVER MARRIED D	9. BALTIMORE CITY OR BALTIMORI	COUNTY	TY	MD.	
of the control of the		BALTIMORE	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET, THE JOHNS HOP	ADDRESS)	OTHER INSTITUTION HOSPITAL	128 USUAL OCCUPATION TYPE OF WORK FOR MOST OF CAPT. TUE		126 KIND OI INDUSTRY CUPT:	FBUSINESS OR IS TOW!	
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ion and correction of the execution of t		No Nor	e war or dates) 217 14	0980	Mary Brom	well Same		13		
physic		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAMBLE QUICK IMMEDIATE CAUSE (b)							BETWEEN ONSET AND DEATH 5 WILLIAM	
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has been to permit the permit cene prior cows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, YES	WERE FINDIN	IGS USED OF DEATH? NO	
g, physical certificate entail Hygier len 18 sh		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	T 1 OR PART 2)		
offendan her this country but he and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		THE LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE	
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AAL DIRE Belocher Tote Dept		226. SIGNATURE		М	THISICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		12/6 8	SIGNED	
etained by to Forest and the State		BONSHUM BONSHUM			The Johns H	N. WOLFE	J. B.	altimon	5 MD	
BP		BURIAL, CREMATION REMOVAL	12/9/1986 c	odan	AETERY OR CREMATORY Hill Cemete	23d LOCATION V CITY OR TOWN ETY Brookl	7770	COUNTY	STATE	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR 1 C Cully Fun	eral Home BA	of mi	Apsie Ave 250 DATE	DEL BEGISTA	LE RECYCLE	AR'S SIGNATI	URE	

026906 DEC 12 18 12 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CEKITE	ICATE OF	DEATH	T T	NEG. NO). · **	my do	() -3
(199)	AT FLA	ney	MIDDLE W.		400		2a. DATE OF	1	,	9 86	26 HOUR 5 50 A
3. SE	x	4 RACE		S. DATE C		YEAR	6 AGE INY	EARS LAST BIRT		ONTHS DAYS	HOURS MIN.
-	Male	Whi	te	6	28	06	80		YRS.		
	IRTHPLACE (STATE OR FOREIGN) COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER	MARRIED X	9. BALTIMO		City	OF DEATH	MD
10.C	Virginia IIV OF TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET	IG HOME (ADDRESS)			120. USUAL ((TYPE OF WORK Nev	K FOR MOST OF	WORKING LIFE		OF BUSINESS OR
the :	ALTESIDENCE IN NURSING HOME OF STATE Maryland Bal		13c. CITY OR TOW Dundal	N	13d INSIDE (NO X	13e.STREET / 204 1		zip code anch R	kd.	21222
0	ATHER'S NAME	MIDDLE	Brook			SMAIDEN NA FIRST EVia	ME	A .	55	Broo	
		IVE WAR OR DATES)	214-74-			Mathen	a		as 13e		
CERTIFICATION	PART I. DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT DISCLAMATION	DUE TO, C DUE TO, C CONDITIONS C	Cardap R AS A CONSEQUE CONSEQUE R AS A CONSEQUE	ENCE OF ENCE OF ENCE OF	NOT RELATED		AINAL DISEAS		20b. IF YES,	BETWEEN	NGS USED
RTIFI							YES 🗌	NOTA	YES		NO 🗌
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N.	saw the deceased alive a above, (1) (we) (did) (did n	n	12/9/19	86,0	nd that in (my	19) (aur) apinian	death occurre	d an the da	te and haur	and fram the	
	100	Wear	en MO			ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF		12/	SIGNED 9
	22d PHYSICIAN'S NAME (TYPE		er MD		22e ADDRE	3 K (MC				
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	NAME OF C	EMETERY OR	CREMATORY	23d. LOCA	ATION OR TOWN		COUNTY	STATE
	Burial	12-12	-86 Br	ooks	Family	Cemete	ery S	potsy	lavani	La Co.	VA
24 F	UNERAL DIRECTOR Dana	- Duale E	II.		. n 71	7 1 250. DA	TE REC'D. BY R	EGISTRAR!	256. REGISTR	AR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Duda-Ruck Funeral Home of Dundellik 7922 Wise Ave. Dundalk, MD 21222 DEC 11 986 Aulia Dinday. Pundas 7922 Wise Ave. Dundalk, MD 21222

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

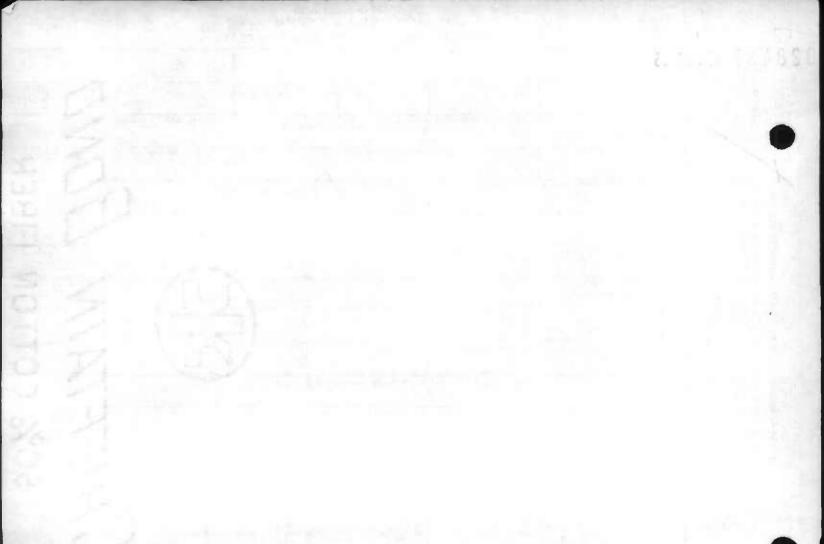
1 - 88	FOR STATE REGISTRAR		DEPART		ICATE OF	MENTAL HYG DEATH	REG. NO	o. 🔾	4 E.	0 6
	CEASED NAME FIRST LOUI		C.		rooks		December	MONTH 5, 198	B6	26 HOUR 8:40A
3. SE	x	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS
6	female	black		MONT	22	1901	85	YRS	MONTHS DATS	NOOKS MIN
	RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER	MARRIED -	9 BALTIMORE CITY O		Y OF DEATH	
· ·	COUNTRY)	USA	A	WIDOWE		NORCED	Baltimore	e City	y	M
Ba	altimore	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A LAND Gen	eral	OR OTHER INS		120 USUAL OCCUPATION OF COMMON TO THE COMMON			F BUSINESS O
	AL RESIDENCE (IF NURSING HOME STATE 13b. COI		13c. CITY OR TOV	VN	YES X	NO []	136 STREET ADDRESS 1102 Druic		Apt 21201	
14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME		LAS	T
	Samuel		Stewa	irt	Ca	rrie	Louise		Hayes	S
	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECT		17 INFORM		ADDRE			
1	No		220-30-383	35	Don	othy Laws	son 111 Centr	re Str		IMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(c)_		scler			nary artery			a
NO										
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES	
CAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN			AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATURE OF INJU	RT IN ITEM 18	PART I OR PART 2)	
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	220.1 certify that X (this has saw the deceased alive above X (we) (did) (dX		7 F		nd that in (改	12 ₁₉ 8	death occurred on the de			
	226. SIGNATURE-	Shula	ab iter		DEGREE	-	MEDICAL STA		1213	21.86
	22d PHYSICIAN'S NAME (1798) Fuad Shiha				22e ADDRE		land Genera	l Hos	pital	
23o (BURIAL, CREMATION, REMOVA (SPECIEV) Burial	23b. DATE 12/10/8			emetery or Memorial	CREMATORY Park	23d LOCATION Arbutus		COUNTY	Mď

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR March Tuneral Home West 4300 Wabash Avenue

BY REGISTRAR 25 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN ESTI-BROOKS DEATH MATED WALTER 4. RACE SEX AGE (IN YEARS | IF UNDER 1 YR 5 DATE OF BIRTH IF LINDER 24 HRS 2c DATE LAST BIRTHDAY PRONOUNCED 12-19-86. 10/18/43 4 7b. CITIZEN OF WHAT COUNTRY? DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED Balto., Md. U.S.A. Baltimore City DIVORCED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY 415 Lyman avenue Baltimore Disabled Disabled 3a STATE Balto. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 415 Lyman Ave. YES X NO 15. MOTHER'S MAIDEN NAME MIDDLE Evelyn L. Brooks Walter Brooks 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17. INFORMANT (YES NO OR LINKNOWN) LIEVES GIVE WAR OR DATES! 212-40-1898 Jerome Brooks 806 W. Lexington St. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate DUE TO OR AS A CONSEQUENCE OF couse (o) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? DEPARTMENT OF HI PRIOR TO BURIAL, 71a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY 71f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains desc (HEAD e ONLY) Autopsy X TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, and in my apinian Inspection Natural causes X death resulted from: Suicide ACTUAL 12-19-86 passistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation 12/22/86 Balto., Md. Westview Mem. 07/84 **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NO.					

	1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	0	REG. NO.	3 4 2	U 1
29		CEASED NAME OR PRINT)	AMBBLE	F-1	20. DATE OF DE	ATH MONTH	ZO SG	2b HOUR
	3. SEX	BROWN	1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS		IF UNDER I YEAR	IF UNDER 24 HRS
eti	7- DIC	RTHPLACE LISTATE OR FOREIGN.	76 CITIZEN OF WHAT COUNTRY?	MONTH DAY YEA	\$	S YRS		NOOKS MIN
7		DUNTRY) TO MO	U S A	MARRIED NEVER MARRIES	D A	DMORE		MD.
1	10 CI	Bannone	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	LIYPE OF WORK FO	R MOST OF WORKING	INDUSTRY	F BUSINESS OR
5	USUA 130. S	TATE 13b COUN	D	E ADMISSION)	ITS? 13e.STREET ADI	DRESS / ZIP CO		1223
	14. FA	THER'S NAME	nTD (IT) BAUT	YES NO [S, W	11 (and)	T
2	1	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	Eaun Minni	e Be	ADDRESS	PIER	CE
			213 -32	5754 BERNICE	BollWA	CE 1	38 W.	Mard S
1000		DADT I DEATH WAS CALICE	nly one couse per line for (a), (b), on D BY: TE CAUSE (a) CARDIOR		ARNEST		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIA	DUE TO, OR AS A CONSEQU	ENCE OF				
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU		INCER			
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE O	R CONDITION C	GIVEN IN PART 110	3
9	CERTIFICATION	19g. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPS YES N	IN CER	YES, WERE FINDIN TIFYING CAUSES YES [
3		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			OCCURRED (ENTER NATUR	OF INJURY IN ITEM)	8 PART I OR PART 21	
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
	0	22a.1 certify that (1) (this haspi saw the deceased alive on	ital) attended the deceased from 19	, and that in () (our) o	pinion death occurred o	on the date and h	nour and from the	
		226. SIGNATURE)	DEGREE ATTEND PHYSIC		STAFF PHYSICIAN	/ 12/2	w/66
		Allen So	OR PRINT)	3900 L	ah hum	Bul 1	But MA)
		SURIAL, CREMATION, REMOVAL SPECIFY) BN 101	23b. DATE 23c.	NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	NO Town	COUNTRA	PU BAL
4	24 FU	INERAL DIRECTOR	WFH 19125		So. DATE REC'D. BY REG	ISTRARI255 REG	ISTRAR'S SIGNAL	UPE ROOM
		- 6/13/1				16		

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hyansse prins to TO FUNERAL DIRECTOR: After this certificate has TO HOSPITAL OR ATTENDING PHYSICIAN, The

retained by the hospital

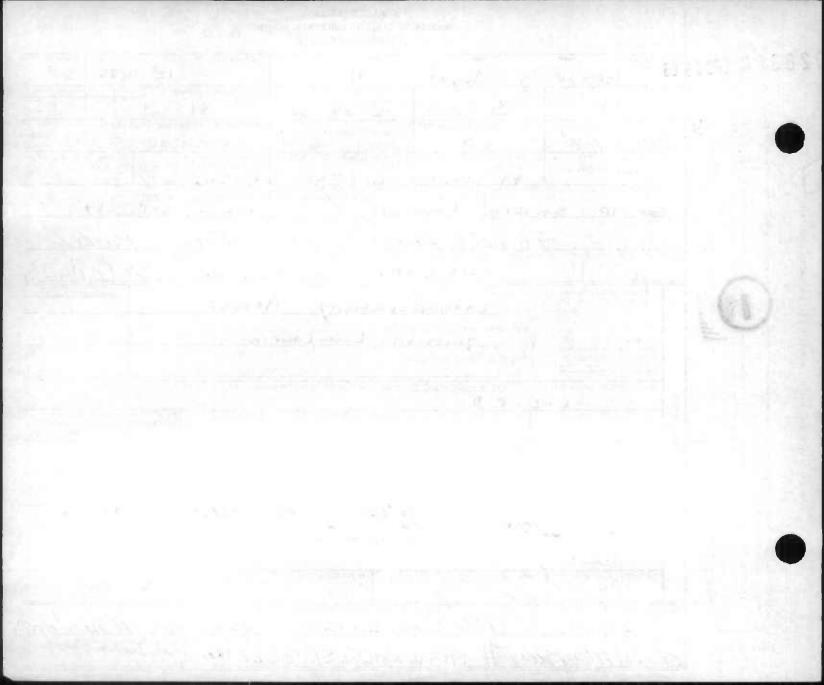
BP.

MEORTANT: If Item 21 is marked or Item 18 th

irector, page 90 ours after death

director.

ond 2 should be filed with



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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR							REG. N	C).		
	CEASED NAME	FIRST	MIDDLE		17	AST	2a DATE	OF DEATH	MONTH	DAY YEAR	2b. HO
716	PRINT) IR	VIN	RUDOI	LPH	BRC	DSE			12 2	0 86	10:
3. SE	X	4. RAC	4. RACE White		5. DATE OF BIRTH 80NTH 14 DAY 1911		6 AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER 1 YE	
	Male	1						75	YRS.	MONTHS DAY	S HOURS
30,50	PLACE (STATE OR	FOREIGN 76 CIT	IZEN OF WHAT	COUNTRY?	8.	D X NEVER MARRIED	9 BALTIA	AORE CITY C		Y OF DEATH	
	Maryland	Į Į	U.S.A.		WIDOWE			Baltimore City			
79.01	ITY OR TOWN OF DEA		AME OF HOSPI			OR OTHER INSTITUTION	120 11511	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Director/Business Office Police Md			
	Baltimore St.		. Agnes	Hospit	cal .		Dire	ctor/B	usine	ss Off	ice Sc
l3a S Mai	AL RESIDENCE (IF NURS STATE ry Land	Baltimore	13c. C	SIDENCE BEFORE A ITY OR TOWN Ltonsvill	N I	13d. INSIDE CITY LIMITS?	113e.STREE	I ADDRESS.	/ ZIP COD	E Balto. Lane Apt	TIU .
14 FA	ATHER'S NAME	WIDDLE		LAST		15. MOTHER'S MAIDEN	AME	WIDDLE			
1	Rudpolh	WIDDLE		Brose		Sophia		WIDDLE			hane
	VAS DECEASED EVER			OCIAL SECUR	RITY NO.	17. INFORMANT	10.7	ADDR	ESS	Jan	mane
	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR O		20-18-4	15.84	Evelyn Bros	e Cam	0 25 1	30		
	18. CAUSE OF DEAT					Luveryn nros	e sal	E 45_1		APPRI	DXIMATE INTE
	PART I. DE ATH W	AS CAUSED BY:				- 181818	= 147	2000	. A	BETANEE	N ONSET AND
	Conditions, if any gove rise to improve (o), static underlying couse	, which mediate and the lost.	UE TO, OR AS A	CONSEQUE	NCE OF	MEW T	C S		CT W		
IFICATION	gove rise to immore couse (a), statis underlying couse	, which mediate ng the lost.	(b) UE TO, OR AS A	CONSEQUED BUTING TO D TVS	NCE OF	NOT RELATED TO THE TE	20a AL	ASE OR CON	20b. IF YE	VEN IN PART S, WERE FINE FYING CAUS	OINGS USE
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Leroy M. & Russell C. Witzke Funeral Home

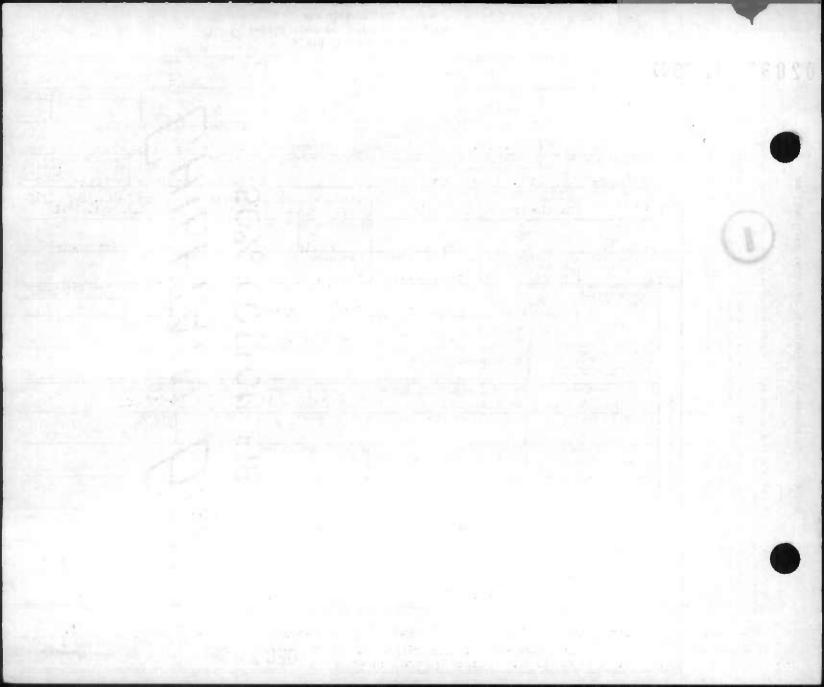
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

attending physicion.

retained by the hospital or



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

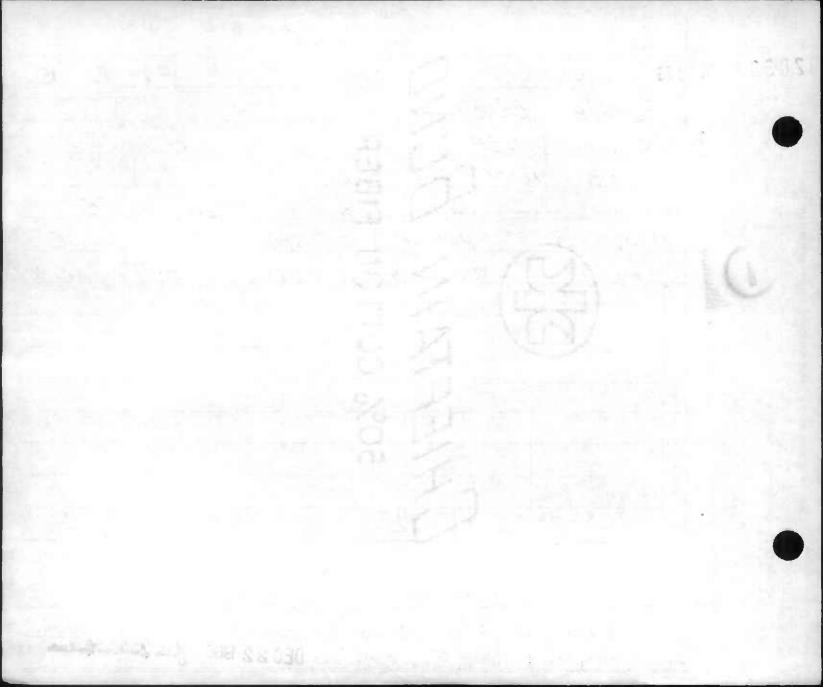
- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH YEAR Zh HOUR GERALDINE BROWN 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NAME 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! LIE NURSING HOME OR OTHER INSTITUTION 13b COUNTY INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 18. CAUSE OF DEATH Enter only one couse per line for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) AT WORK NOT WHILE 220.1 certify that ধ (this haspital) attended the deceased from and that in (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 24. FUNERAL DIRE

ld be deta the State I

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

FOR



3 SEX

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 TE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS 86 LOUISE BROWN IF UNDER I YEAR 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. MONTH YEAR 20 YRS To BIRTHPLACE I STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.SA Baltimore, IA.SA WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) LIBERTY MEDICAL DAITO CITY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113h. COLINTY 13e STREET ADDRESS / ZIP CODE Balto. 13d. INSIDE CITY LIMITS? MD North Pulaski St. 212 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Issac Quickley Amelia Quickley 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-26-7022 Joy Smith 526 N. Pulaskii St. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: EMBOUSM PULMONARY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 INEUMONIA COPD 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 11/12/66 PERFORATED LLEER NOT 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY OFFICE, FARM ETC.) CITY OF TOWN STREET NOI WHILE 102/1 19 86 that (I) (we) last 22a. I certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an ___ , and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED DEGREE

DHMH - 16 60M 7/84

(SPECIFY)

24 FUNERAL DIRECTOR

Burial

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE

Leroy O. Dvett 4600 Liberty Heights

ROBENTO

23¢ NAME OF CEMETERY OR CREMATORY

LIBERTY

ATTENDING

77e ADDRESS

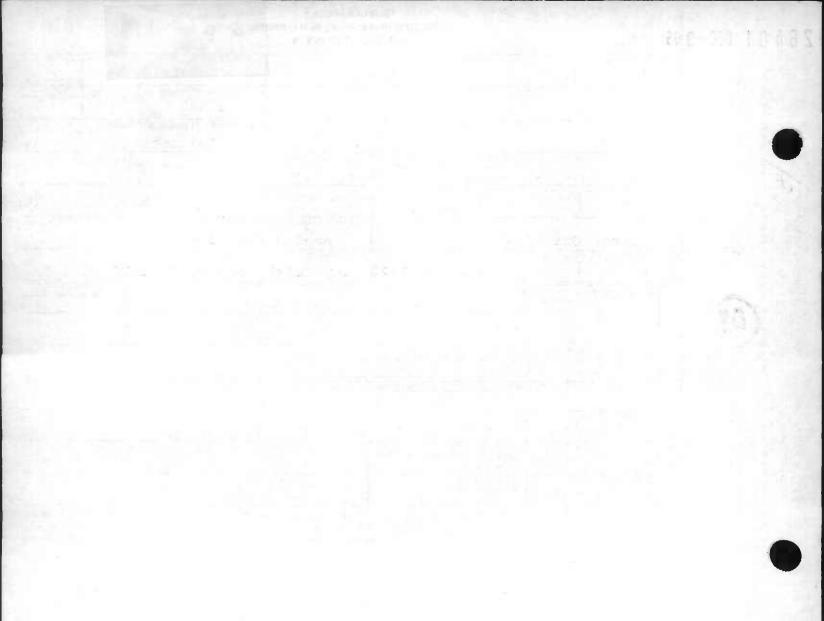
MED, CAL 236 LOCATION

12/1/86

STATE

MEDICAL -

PHYSICIAN DIRECTOR PHYSICIAN



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4 rof.	3. SE	+ 1	4	RACE	>	5. DATE O	DAY	YEAR
deoth. Page 4 lerol director. nn 72 hours oft	7a B	IRTHPLACE (STATE OR	FOREIGN 7h	CITIZEN OF	> lack WHAT COUNTRY?	June	e 22,	1912
n 72 ho	B	outh Carol		USA		MARRIED	NEVER	R MARRIED DIVORCED
17	10 C	ITY OR TOWN OF DEA		I. NAME OF I	HOSPITAL, NURSIN HEACILITY, GIVE STREET	G HOME O	R OTHER IN	STITUTION
5	MISU	Baltimore ALRESIDENCE IN NUMBER STATE	ING HOME OF OT	HER PALTIFILITY ON	ONT RESIDENCE RETORI THE CITY OR TOW		13d INSIDE	e m
_	-	D.	- Charles		Baltimo	re	YES X	NO 🗌
E	14. 6	Jake	Brov	wn	1,461		15. MOTHER	R'S MAIDEN Mary
1		WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORM	
- 2		18 CAUSE OF DEAT	M (Cata and		1 . 1		1191 0	.10 01
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		PART 2 OTHER SIGN		((c)	ONTRIBUTING TO D	7 0 -	NOT RELATE	D TO THE
7	CERTIFICATION	190 DATE OF OPERAT	elnov		TION FOR WHICH	OPERATION	N WAS PERF	ORMED
7	ERTIFI	21a. ACCIDENT WAS UND	DERLYING [21b. TIME O	F IN II IRY		21c HOW I	IN II IBY OC
1		OR CONTRIBUTING C	CAUSE OF DEATH	HOUR A./	M. MONTH DA	Y YEAR	Zichowi	NJURY OC
	MEDICAL	21d INJURY OCCURR	HLE 🗍	21e PLACE (OF INJURY EET FACTORY, OFFICE, FA	RM ETC)	211 LOCAT STRE	
		220.1 certify that (1) sow the decease above (1) (1) (1)	this hospital	1011	et a	86. one	that in (my	19 y) (our) opin
f: If Item 21 is mort		22b. SIGNATURE	Toca	-MA	Cin death.	Cu	EGREE	ATTENDIN
MPORTANT: 1		22d PHYTICIAN'S NA	AME (TYPE OR PR	POSTP	4 Kin		22e ADDRE	PHYSICIA SS
should be detoched for with the Stote Dept. of H		BUTIAL, CREMATION,	REMOVAL	12/13/	86 23c N	AME OF CE	METERY OR	-

Charles A. Rice FSPA 1300 Ecreaw Pl,

ALAC

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. LAST 20. DATE OF DEATH MONTH 2b. HOUR PDay 11 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore, City 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Policeman 13e.STREET ADDRESS / ZIP CODE 4413 Kathland Ave. 21207 NNAME WIDDLE LAST Brown ADDRESS own 4413 Kathland Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 40ms hom s how s ERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES [CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE nion death occurred on the date and hour and from the causes stated 27c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN Westport , Baltimore, Md.

DEC 1 5 1980 PEGISTRADIS

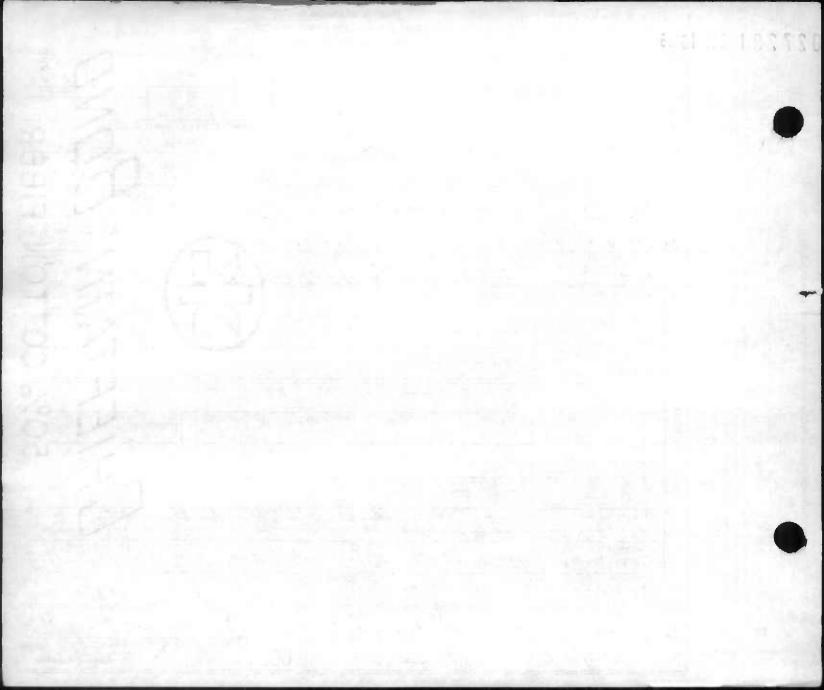
(VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.		- 1			

291 DEC 1	518	STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	SIENE 8 6	3 4 2 1 3
e 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		CEASED NAME FIRST OR PRINT) MAL	MIDDLE E	BROWN	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 5 12-13 86 225 M
ge 4 may ector, pa in after d	3. SE	×	T. RACE	5. DATE OF BIRTH MONTH DAY S 4 08	6. AGE (IN YEARS LAST BIR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
seort. Pa	10	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	13a 1+	er COUNTY OF DEATH
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n 24 hou offlied in build be	130.	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW SA 671	13d. INSIDE CITY LIMITS?	2.037 34	JANAYOGA ST.
Mikh	e		MIDDLE LAST		VA N MIDDLE	2/12 23
be ess though though		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU WAR OR DATES! 5-09-41	430 GUY CERHA	ADDRI 66 25044	- FEUGRAL OST
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n signed Then ple r to burit injury, a	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	<u>death</u> but not related to the term	ainal disease or con	DITION GIVEN IN PART 110
The law rician. te has bee sit permit. giene prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
ig physici g physici g physici rial-transi entol Hygi fem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
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y the ho y the ho RAL DIRE detached note Dept		220. SIGNATURE	Meglibolo	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
etoined by 170 FUNERAL Should be de with the Stat		HOMA VOBA	MOGRE	22e ADDRESS	ECOURS	HOSPITAL
BP	1	SURIAL, CREMATION, REMOVAL SPECIFY)	23b DATE 23c. N	BALTE NATA	23d LOCATION	
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR	3 x 2 0 000 m	3/1	TE REC D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

H.	EGISTRAK				ICMIL OI D		REG. NO.		
T	DECEASED NAME	FIRST	MIDDLE	ı	AST		20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
П	(TYPE OR PRINT)	alph	G.		Brown		12/10	0/86	2:30A M
3.	SEX	4.	RACE	S. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	Male	2019	White	MONTH	21	17	69 YRS		HOURS MIN.
170	BIRTHPLACE I MATE OR FO	DREIGN 76	CITIZEN OF WHAT COUNT	TRY? B	DECNEVER M	ADDIED [9. BALTIMORE CITY OR COUN	TY OF DEATH	
	Georgia		U.S.A.	WIDOWE	D DN	ORCED	Baltimore Ci	-	MD.
4	Baltimore		I. NAME OF HOSPITAL, NU LIFNOT IN SUCH FACILITY, GIVES BON SECOUT H	ospital	OR OTHER INST	ITUTION	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING Brakeman		road
	SUAL RESIDENCE OF NURSE BLSTATE aryland	NG HOME OF OT	Y Glen B	TOWN urnie	13d. INSIDE CI	XXON	7997 Solley Ro	oad 210	61
2	Jesse Jesse	MIE	Brown LAST			maiden na rothea	WE	Hos	
13	(YES NO OR UNKNOWN)		ED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMA		ADDRESS		
4	Yes	to other an	II 237-14	-1671	Nola J	ean Bro	own Same as 13	}e	
	Canditians, if any, gave rise to imm cause (a), stating underlying cause	ediate	DUE TO, OP AS A GONSI	tage le	ncel de	Man:	Clareni Nemode	(gro	March 5
		IFICANT CO		TO DEATH BUT	NOT RELATED	TO THE TERM	tinal disease or condition G	IVEN IN PART 10	a
	190 D'ATE OF OPERAT	MA	10/6	H OPERATIO			YES NO NO NO CERT	ES, WERE FINDIN TIFYING CAUSES YES []	
	OR CONTRIBUTION OF O	AUSE OF DEATH	HOUR AN MONTH	DAY YEAR	THE HOW IN	JUNY OCCUP	RED A SHIP WASHING OF WHITE WITE WITE WITE	3 PART I OR PART 2)	
	(IF EITHER NOTIFY MEDIC 21d INJURY OCCURRI WHILE NOT WHI AT WORK AT WORK		THE PLACE OF INJURY.	auf to	THE COCASIO	4	cits de town	COUNTY	STATE
1	saw the decease	d alive an	view the body after death.	16	d that in (my)	19 8 6 (aur) apinian	death accurred on the date and h		that (1) (we) last causes stated
	The SIGNAMURE	5h	alen n	110		HYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 8K
	SH PHYSICIAN'S N	JAR	AZZN	46	Suite	u-6	606 Harin	mas ho	me
2	30 BURIAL, CREMATION, R (SPECIFY) Burial	REMOVAL	23b. DATE 12/12/86	23c NAME OF C	emetery or conditions of the c		Crownsville	AOU'AY	Mq.e
2	George J Go	nce 40	001 Ritchie	Hgwy Ba	lto Md	250. DAI	C 1 5 1986	STRAR'S SIGNAT	

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

CERTIFICATE OF DEA

TAL HYG TH	IENE REG. NO.
	20 DATE OF DEATH MONTH DAY YEAR 25 HOUR
	Dec 31, 1986 2P.M M
YE AR	6 AGE (IN YEARS LAST BIRTHDAY) 1 FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
IED 🗆	9 BALTIMORE CITY OR COUNTY OF DEATH
ED 🛣	BALTIMORE, CITY MD.
ION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) Retired 12b. KIND OF BUSINESS OR INDUSTRY
IMITS?	13. STREET ADDRESS / ZIP CODE 4116 Glenhunt Road 21229
	Cornish ADDRESS iel-4116 Glenhunt Rd.
40	pulling Between ONSET AND DEATH
Le 9	huia
1	
HE TERM	INAL DISEASE OF CONDITION GIVEN A PART I
	YES NO. NO. YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OCCUPA	And And

REGISTRAR DECEASED NAME FIRST (TYPE OR PRINT) RICHARD W. BROWN Jr. 3. SEX 4. RACE 5 DATE OF BIRTH 6/17/24 MALE BLACK 10. BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARK MARYLAND USA WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE Sinia Hospital JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) III STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY I MD. Balto. YES 🛣 14 FATHER'S NAME 15. MOTHER'S MA IDELI RICHARD BROWN SR. MAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) WWLL 216-14-8970 Margaret ves 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 14s DATE OF OPERATION 186 CONDITION FOR WHICH OPERATION WAS PERFORME 31st ACCRENT WAS UNDERLYING. [17] THE TIME OF INJURY TIL HOW INJUR HOUR AM MONTH DAY YEAR DE CONTRIBUTING- CAUSE OF DEATH MEDICAL SPECIMER WOLFS WELL ALEXAMOUR THE INJURY OCCURRED TIE PLACE OF INJURY TH LOCATION ON OF YORK IAT HOME STREET FACTORS, OFFICE TARM, ETC.) 22s.1 certify that (1) (this hospital) attended the decembed from that II |we lost saw the deceased save on A Minstore, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the course stated DEGREE 77L DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR ! PHYSICIAN 73a BURIAL CREMATION, REMOVAL 23b DATE

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Hea

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ESPECIES BURIAL

FOR

- STATE

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73L NAME OF CEMETERY OR CREMATORY MD . VETERAN CEMETERY

23d LOCATION CITY OF TOWN

CROWNSVILLE

24 FUNERAL DIRECTOR A. RICE FSPA 1300 ECTAW P1,

1/7/8

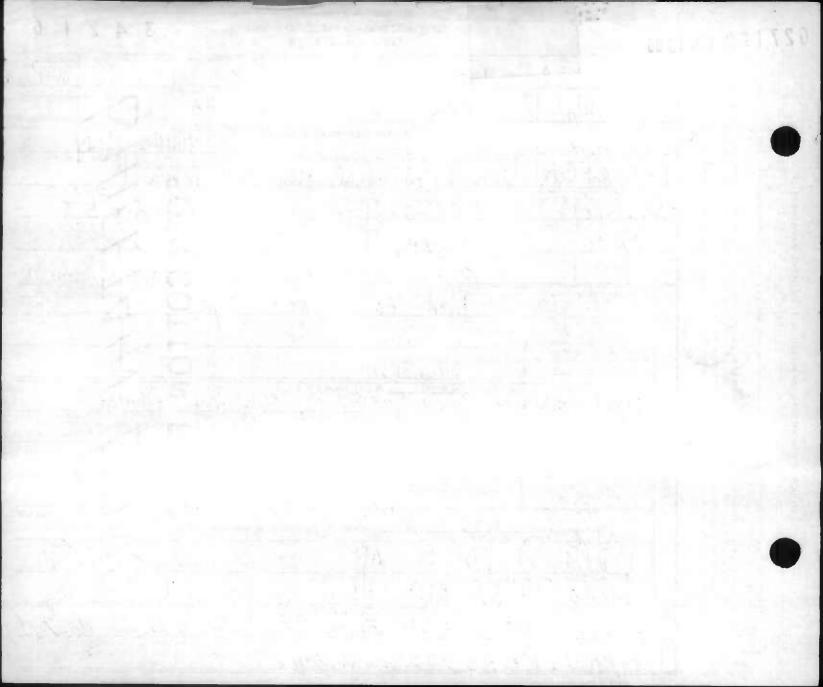
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

		STATE OF MARYLAND	
199 DEC 1	618	FOR STATE CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 10 Per p	
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be 3	(TYPE	ORPRINT) Fred NMI Mant # 1 12-5-86 1040 P.	W
mod and	3. SE.	RACE SOUTH DAY AS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS	
960 PS		1019CC 6 10 43 43 VRS.	_
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D TO THE STATE OF		TREE LEE BRUANT LOTTIE BALES	_
n ond c Pages		(AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 1. INFORMANT ADDRESS (ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 228-605445 Mrs. Annie Bates 2016 N. Monroe	2
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gned in plea bursal ry, ar		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
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no. no be	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
sicio sicio sicio ygie t sha	ERT	YES NO YES NO YES NO 210. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 2110. TIME OF INJURY 211	-
SICIAN ng phy certific rial-tro entol H ltem 18		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
HYSI nding his ce buri d Mei	MEDICAL	214 INJURY OCCURRED 21e PLACE OF INJURY 21l LOCATION STREET STREET CITY OR TOWN COUNTY STATE	_
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Z = & ST S		220 L certify that of (this haspital) attended the deceased from the course stated on the deceased following the deceased from the deceased	it
hospit hospit ched for tept. of them 23	-	pboy((I)) we: (did) (did non-view the bod) ofter deoth. 22b. SIGNAPPRE THE DATE SPACE	
by the by the detoch state De detoch State De ANT: If H		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	-
O HOSPITAL Commend by the TO FUNERAL D should be detoc with the Stote D MAPORTANT: If		22d PHYSICIAN'S PARE (120-GRIPHAR) Dept Med, Univer Maryand Hosp.	
		URIAL CREMATION, REMOVAL 236. DATE (231. NAME OF CEMETERY OR CREMATORY) 234. LOCATION V	1
BP	24 E	INERAL DIRECTOR 25 TO TO TO TO TO THE PROPERTY 25 THE REGISTRAN'S SIGNATURE	
DHMH - 16 60M 7/84 (VRA 15, 4)	1	NAME OF THE TOR THE TOR THE STATE OF THE STA	
(410, 10, 4)	1	SUI PILLO STORAGE INGVISIONE	_



02925

2 should be filed within 72 hours ofter death

and ca

njury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

ling 3

7 STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.		
DECEASED NAME FIRST ITYPE OR PRINT)	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY		26 HOUR
Jennife	r	E	ryant		12 27	86	9:15PM
3. SEX Female	Cauc	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR			HOURS MIN.
PU BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED	Balto Git	R COUNTY OF D	EATH	MD
Balto.		Spited Spited	DR OTHER INSTITUTION	12a USUAL OCCUPATI		b. KIND OF IDUSTRY	BUSINESSOR
USUAL RESIDENCE HE NURSING 130. STATE			YES NO	13e.STREET ADDRESS		7	2190
14. FATHER'S NAME FIRST Steven	B. Lines	S	35. MOTHER'S MAIDEN NAM	MIDDIE		Br	uant
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 16b SOCIAL GIVE WAR OR DATES!	SECURITY NO.	Steven B. L:	ines 320	^{SS} Perrys Front St		≥, Md. 1903
gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	I PART IIO	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W			200 AUTOPSY?	20b. IF YES, WEI	RE FINDING	
00 00 110 10 10 10 10 10 10 10 10 10 10	EATH HOUR A.M. MONTH	H DAY YEAR	21t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 C	OR PART 2)	
OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY	FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
sow the deceased alive of	pital) attended the deceased from 12/27 not view the body after death.		nd that in (my) (our) opinion d	to 12/27 leoth occurred on the do	. 17		hot (1) (we) lost ouses stoted
276. SIGNATURE	Dhum	,)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	FF	12 / S	J 7/86
Kathleen Ste			Sinai Hospita	l al - Balto	Md.		,, 0,,

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

12/30/86 23a BURIAL, CREMATION, REMOVAL "Cremation

231. NAME OF CEMETERY OR CREMATORY Westview Cemetery
21204 | 250. DA 23d LOCATION
GITY OF TOWN
Balto.

Balto.

Md.

24 FUNERAL DIRECTOR

FOR

1050 York Rd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 3 1 1986 Julia Devider Par Julia Devidson. Randals

. i. Forevesta nesil dell Company and the second injury, or other troumotic event, th

IMPORTANT: If Item 21 is morked at Item 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	E-U	REGISTRAR		CERTII	ICAIL OI DEATH	REG. N	Э.		
ı		CEASED NAME FIRST	MIDDLE	1	LAST	20. DATE OF DEATH	MONTH OA	Y YEAR	2b. HOUR
I	(TYPE	Ethel MARIE	Ε.	BUCHA	ANAN	DECEMBER	21,	1986	2:31 _M
ı	3. SEX	(RACE			6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	/	Female	White	12	199 1920	66	YRS.	ONTHS DAYS	HOURS MIN.
4		RTHPLACE (STATE OR FOREIGN 7	6 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O)F DEATH	
1		th Carolina	U.S.A.			BALTIMO	ORE CI	ГТY	MD.
	H) CI	TY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	126. KIND O	F BUSINESS OR
	2	BALTIMORE /	THE JOHNS	HOPKII	NS HOSPITAL	(TYPE OF WORK FOR MOST O	Homema		
P	USUA 130 S	AL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION, GIVE RESIDENCE		ANAL INJOINE CITY INVITED	La expert Apporce	ZID CODE		
	Ma	ryland Balti			YES NO X	7869 St. B		Lane/	21222
1	14. FA	THER'S NAME	NDDLE LA	ST		AME		LAS	aT.
4		Daniel Til	don Edg	e	Ether			Hins	
1		VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL		17 INFORMANT	ADDRE	SS T	Balto.	FM.
e.	(Y	(IF YES, GIVE	1	2/5738	Woody M. Buc	chanan 13B M		c.2122	<u>b</u>
1			DV					BETWEEN	MATE INTERVAL ONSET AND DEATH
I			NAME 1831 MIDDLE 1.5.1 Chel Marie E. Buchanan December 1.5.1 Chel Marie E. Buchanan December 1.5.2 Area of Buchanan December 1.5.2 Area of Buchanan December 1.5.2 Area of Mitte T. 1.5.2 Area of Mitter T. 1.5.2 Area of Mit	ed		me 1	week		
1		-3	DUE TO, OR AS A CON	SEQUENCE OF					
1		Conditions, if ony, which	(b) HEP2	tic Fi	21/Ure_			two	weeks
1		gove rise to immediate cause (a), stating the underlying cause last.	1 10					for	· · · · · · · · · · · · ·
1			10					Tour	r weeks
1	z	60	C 1 . P.	_	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART To	3
4	TIO			_	ANI WAS DEDECTRACED	20- ALITOPSY2	Tank IE VES 1	WERE FINDIN	ICE LISED
1	IIFIC/	198 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	IN WAS PERFORMED		THE CERTIFY!	ING CAUSES	OF DEATH?
	ER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUP				
		OR CONTRIBUTING CAUSE OF DEAT	n						
1	SC	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	211 LOCATION				
1	ME		(AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC.)		CITY OR TO	WN	COUNTY	STATE
MEDICAL CERTIFICATION			al) ottended the deceased	from 12	1/3 19. 86	2 10 12/2	15	96	that (1) (we) lost
I		sow the deceased alive on_	12/21	19 86 ,0	nd that in (my) (our) opinion	death occurred on the de	ate and hour o		
	193	17h. SIGNATURE	view the body after death.					DATE	
	N	Vaismare	HHRach O	1. 190		MEDICAL STAI		12	12.186
		226. PHYSICIAN'S MAME THE UK	mary.		22e ADDRESS 60	O N. WOLF	E ST.	BALT	O. MD.
		Raymond He	ney Plack.	JR. MO	The John	s Hortins	Hospi		21205
1	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY)	23b/ DATE	23¢ NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	,	Cremation	12/22/1986	Green M	fount Crematon		e. Mar	vland	JIMIL

DHMH - 16 60M 7/B4 (VRA 15, 4)

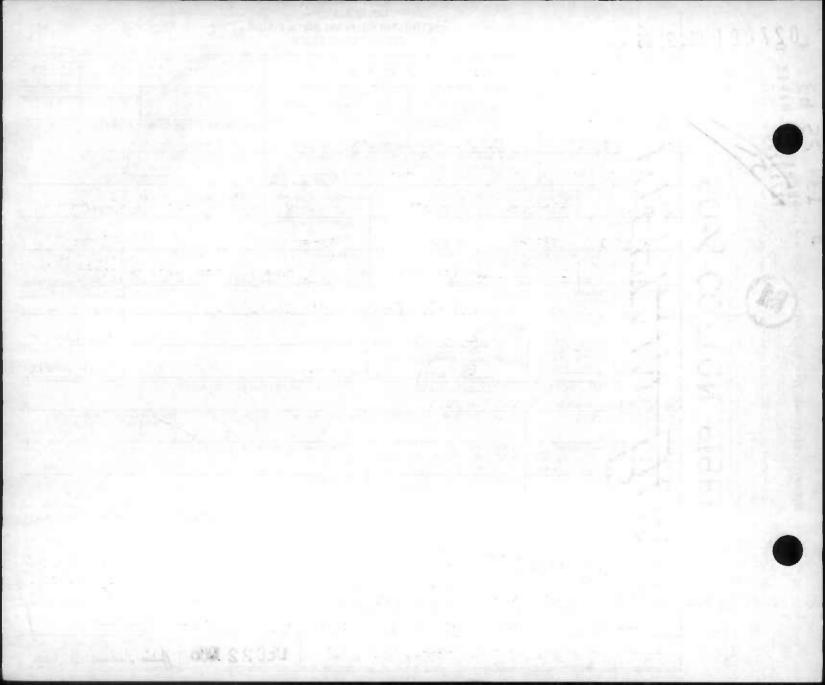
retained by the hospital or

BP.

24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md. 21222

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
DEC 2 2 1986 Julia Dindon Ro

Aulia Divideon Pardall



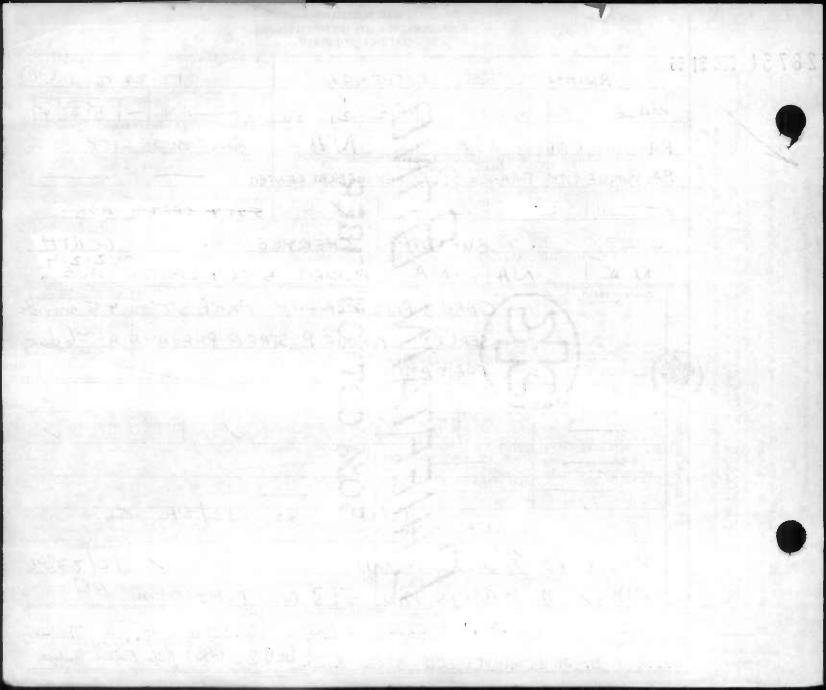
1	-	FOR STATE REGISTRAR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO	

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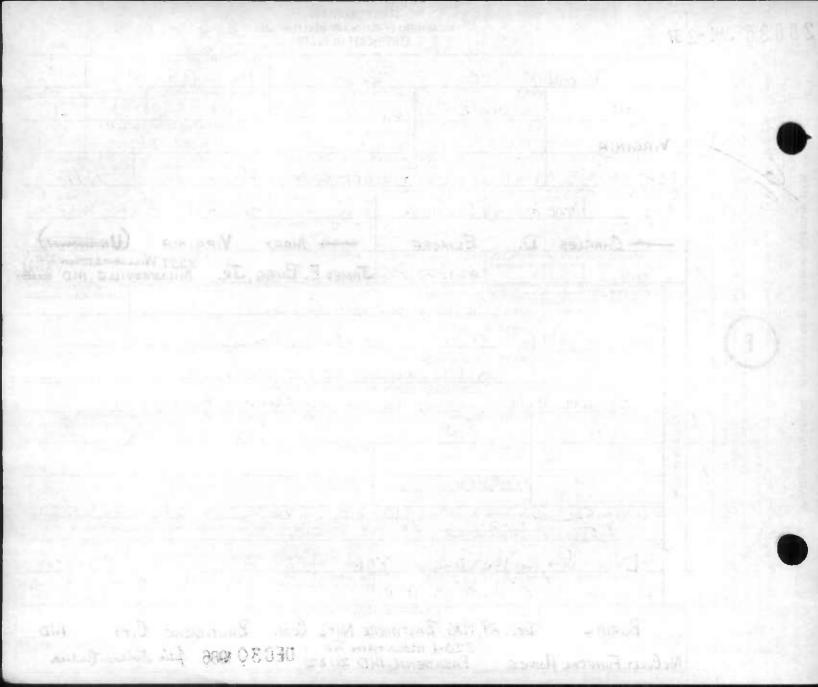
28754 DEC 31	I DECEASED NAME	FIRST MI	DDLE	LAST .	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	RR R	IAN JOSE	PH BUET	TNER	12	2786 3:45R
60 00	3. SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
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12 12 376	70. BIRTHPLACE STATE OR FO	OREIGN 76 CITIZEN OF W	HAT COUNTRY? 8 MARRIE	D NEVER MARIED	9 BALTIMORE CITY OR COUN	
2	BALTYMON 10. CITY OR TOWN OF DEA		S A WIDOW	ED DIMORCED		LIZE KIND OF BUSINESS OR
1 11 5/	20	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
120	USUAL RESIDENCE (IF NURSI	NO HOME OR OTHER INSTITUTION, G	IS SCUTI KE	t medical cen	TER	
NB 22	MARYLAND	21214	BALTIMORE	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CO	R AVE. 21214
1 11	14 FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	
* HOLO	EUGENE	K.	SUETTNER	CHERY	A.	ÉVANS
# De 04 /	160. WAS DECEASED EVER I	N U.S. ARMED FORCES?	66 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	21214
1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	NA	NA	NA	EUGENE K.	BUETTNER 5504	The second second
BAI cotte brodi	18 CAUSE OF DEATH PART I. DEATH W.	(Enter only one couse per li AS CAUSED BY:			MARCO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
To the property of the propert	1000	IMMEDIATE CAUSE (a)	HADIOPU	LMONARY	ARREST	T's minute
A contract of the contract of	Canditions, if any,		AS A CONSEQUENCE OF	ADDIED R S	TREP PHEUM	ONLA ~ 6de
PRE de la PRE	gave rise to imm	ediote		FROM D 3	111207	8
W. to by the to the total	Oderlying couse	lost.	PREMATUR	ITY		
S. 20	MRT 2 OTHER SIGN		TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	SIVEN IN PART TO
080 a 14 a 1	90 DATE OF OPERAT	NONE	ON FOR WHICH OPERATIO	MALLWAS DEDSORATED	200 AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
MEC TO THE PER PER PER PER PER PER PER PER PER PE	THE DATE OF OPERAL	176. CONDIT	ON FOR WHICH OPERATIO	- WAS PERFORMED	YES NOT	TIFYING CAUSES OF DEATH?
ATTA	21a ACCIDENT WAS UND			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	
OF DELAN	OR CONTRIBUTING C	Deniii -	MONTH DAY YEAR			
NOR PHYS	(IF EITHER, NOTIFY MEDIC		F INJURY	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVIS SHE SHE	HILE NOT WHI	IE III				
Tage No.	220.1 certify that (1) saw the decease	this hospital) attended the	2 01	19 56	_ to 12/27	, 19 6 , that (1) (we) last
ATT Bright Bright M 21	obove, (I) (we) (d	d) (did nat) view the body.o	ter death.	DEGREE	death occurred on the date and h	22c. DATE SIGNED
# 4 5 5 4 4 5 5 4 4 5 5 5 5 5 5 5 5 5 5	11/1	A 2/		ATTENDING _	MEDICAL STAFF	12/77/01
PITA by de de de ANT	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	1	PHYSICIAN [DIRECTOR PHYSICIAN	110/04/06
POR III	MARI	c n HA	RRIS MA	513 N	OTTING-1+14	m RU
DE 5413	23a. BURIAL, CREMATION, F			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	
BP	BURIAL	DEC.30	, 186 GARDEN		BALTIMORE C	MARYLAND
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR		ADDRESS	l ne	E REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
(VRA 15, 4)	WILLIAM E.	JOHNSON85	21 LOCH RAY	VEN BLVDI. OL	. gan	m Knewson. Kerrange



24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4) EM

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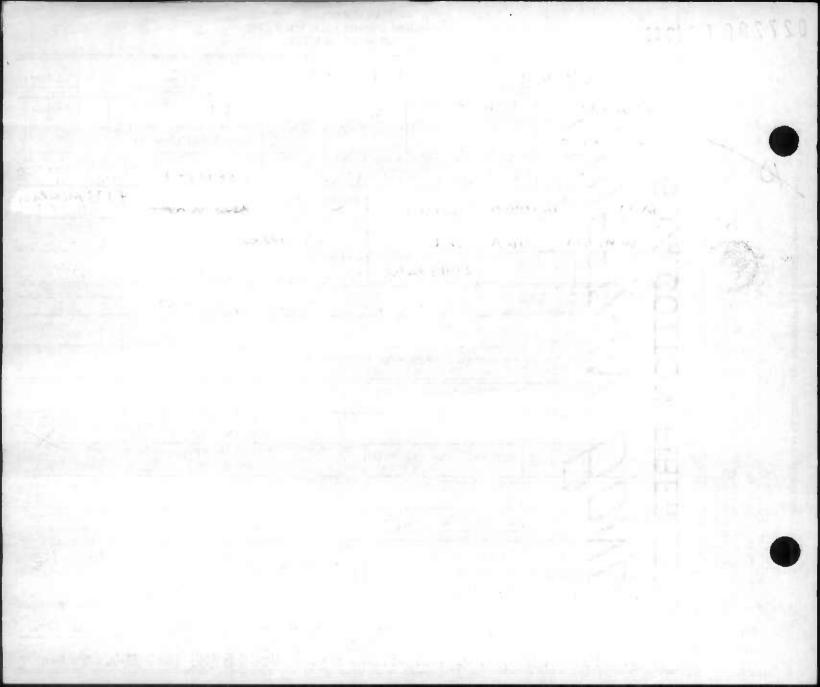
STATE OF MARYLAND

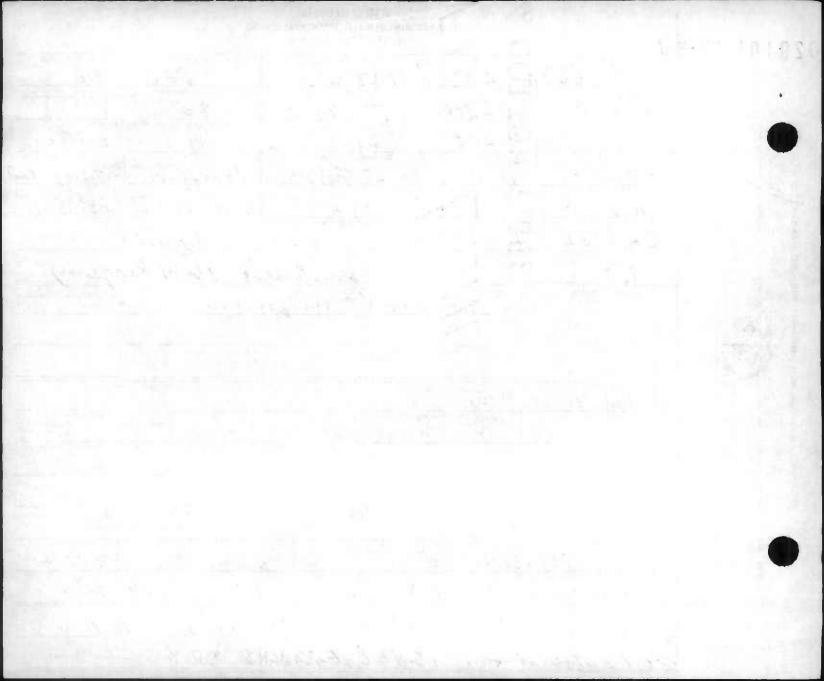
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REGISTRAK		CERTITI	CAIL OI DEAIN	REG. NO.				
I. DECEASED NAME FRST	MIDDLE	LA	51	20 DATE OF DEATH ME	ONTH DAY	YEAR 25 HOUR		
LAURA	E.		BURGEE	2	- 11	86 8111Am		
3. SEX	4. RACF	S. DATE OF	FBIRTH	6. AGE (IN YEARS LAST BIRTHE				
FEMALE	WHITE	MONTH	DAY YEAR	0.7	MONTHS	DAYS HOURS MIN.		
M. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	8 05	9. BALTIMORE CITY OR	COUNTY OF DE	ATH		
COUNTRY	U.S.A.	MARRIED		BAIDIN				
Maryland CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWED		122- HISHAL OCCUPATION	1 120	KIND OF BUSINESS OR		
Bactimore	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	1058	(TYPE OF WORK FOR MOST OF W	ORKING LIFE) IND	OUSTRY Mary Sue		
IDUAL RESIDENCE (IF NUR	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	1	1 2 0	Packer		andy Co.		
THE STATE DISTORT	13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z		21225		
Maryland A.	A. Brookly		YES F NO X	4133 Marda	n Court	21225		
PRIST.	MIDDLE		FIRST	WIDDIE		LAST		
	NOWN		Catherir			Baker		
WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECU IVE WAR OR DATES)	-519	17 INFORMANT	ADDRESS				
NO	217-07-	-2419	Norman E. Si	mms 47 Colon	y Court	21227		
	inly ane cause per line far (a), (b), an	id (ch.)			В	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUS	ATE CAUSE (a) CARdi	0- RO	· CPIPater	y Appen	1			
I I I I I I I I I I I I I I I I I I I		ENICEOE	2					
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF							
gave rise to immediate	gave rise to immediate							
underlying cause lost.	cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF							
	((c)							
	CONDITIONS CONTRIBUTING TO I	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN P	ART Ital		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				Ten autonous Te	OL JE VEC 14EDE	This block was		
190 DATE OF OPERATION	196 CONDITION FOR WHICH	CONDITION FOR WHICH OPERATION		YES NO IN CERTIFY		FINDINGS USED CAUSES OF DEATH?		
12						NO D		
the second second second second second	110110 111 11011711 0	AY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY I	NITEM IB PART I OR I	PART 2)		
(IF EITHER NOTIFY MEDICAL EXAMINE	CAIR	19						
OR CONTRIBUTING CAUSE OF DE	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F		71f LOCATION	CITY OR TOWN	COL	UNIV STATE		
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, F	AKM ETC }	SINCE					
	oital) attended the deceased fram_	12/	7 19 86	ta /2 / // /	19.8	6 that (1) (we) last		
sow the deceased alive a	n 12/11/	86 , and	that in (my) (our) opinion (death occurred on the date	and haur and fr	am the causes stated		
22b SIGNATURE	at) view the bady after death.	D	EGREE		22	c. DATE SIGNED		
A sahari	10 tet		ATTENDING	MEDICAL STAFF	10	12/11/18		
276. PHYSICIAN'S NAME STYPE	7 000		PHYSICIAN [DIRECTOR PHYSICIA	MAI	1011100		
DO A TILL				1-0	on Ca			
TAPBIL	PATEL		300 5	- MANDU	CR 57			
230. BURIAL, CREMATION, REMOVA	L 23b. DATE 23c. N	NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNT	TV CTATE		
Burial	12/15/86 Lo	oudon !	Park Cemetery		COUNT	Maryland		
24 FUNERAL DIRECTOR		2	1229 250. DAT	E REC'D. BY REGISTRAR 25	REGISTRAR'S S	IGNATURE		
Hubbard Funeral	Home, Inc. 4107			C 1 5 1986 /	lie Tind	on. Pendall		
Transport of Total Cut				- 1 0 1000 FT		7		

DHMH - 16 60M 7/84

(VRA 15, 4)





10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

retained by the haspital ar attending physician.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remave carbanpopers, and the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked at Item 18 states are injury, at other traumatic event, the

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after death. Page 4 may be

in 24 haur

a ectar, page 3 laws after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍

2 3 2 dia.

1	100	FOR STATE REGISTRAR			OF HEALTH AND ME		NE 👸 👸	3	4 4	4. 3
1	_	CEASED NAME FIRST	MIDI	DLE	LAST	1 2	a. DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
	{TYPE	Pelen Eloi.	5~	J	Burns			12 02	- 86	12 15 PM
1	3. SEX	(4 RACE		TE OF BIRTH		AGE (IN YEARS LAST BIR		UNDER) YEAR	IF UNDER 24 HRS
		Female	ww	ite !	ONTH DAY	35	51	YRS.	DAYS DAYS	HOURS MIN.
d	C	RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WH	MA	RRIED NEVER MA	RRIED	BALTIMORE CITY C			
4	31	naryland !	US			RCED	Ba	Itima		MD.
7	m CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING HO	1	1 3	In USUAL OCCUPAT	F WORKING LIFE	INDUSTRY	F BUSINESS OR
4	1	LA RESIDENCE (IF NURSING HOME OF	Wirversi to		and Huspi	tall	Honema	cker	Her	ne
	13a. S	Maryland A	OTHER INSTITUTION, GIV	L CITY OR TOWN	134 INSIDE CITY		STREET ADDRESS	- 1	21401	
5		THER'S NAME	1	Huncipalis	15. MOTHER'S A	400)T'		
7		Daniel L	MIDDLE	Russell	FIR	ST	MIDDLE	h	Blad	
i		AS DECEASED EVER IN U.S. AR		SOCIAL SECURITY N		1	ADDR			
-	(lY	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	212-36-75	63 Banb	ara A	shini-	24	meas	
		18. CAUSE OF DEATH (Enter or				arour	2011.0		- 4	MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUSE	D BY:	<u></u>	5.	-1	1 5000		at I MEEN C	UNSET AND DEATH
		IMMEDIA	E CAUSE (o)	Kespira	1019 10	rure	1 sepa	-3		
		0 10 10	DUE TO, OR A	s a consequence (OF "				-	
		Conditions, if any, which gove rise to immediate	(b)						_	
		couse (a), stating the underlying couse last	DUE TO, OR A	S A CONSEQUENCE (OF .					
			((c)							
	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO	OTHE TERMIN	al disease or con	DITION GIVE	IN PART 110	
7	CERTIFICATION	198. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPER	ATION WAS PERFORM	MED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
٦	TE						YES NO	YES		NO [
2	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IT		21c. HOW INJU	RY OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF DEA	(17)	MONIH DAY Y	EAR					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY	211 LOCATION					
	W	WHILE NOT WHILE	(AT HOME, STREET,	FACTORY, OFFICE, FARM, ETG	STREET		CITY OR TO)WN	COUNTY	STATE
		27s.1 certify that it this hospi	toli ettended thefa	ecessed from	11/25	10 86	10 12/0	72 10	. 86	that (I) we) lost
		spw the deceased abve on	12/2/	10 BC	and that in my lo	ur) opinion dec	oth occurred on the d	ote and hour		
		27h SIGNATURE / / /	F) view the back of	er death.	DEGREE				22c. DATE	
		Chille	2/0	e WID	ATT		MEDICAL STA	FF	12/2	10
		THE PHYSICIAN'S NAME THE	a runni		22e ADDRESS					1.00
		Jeffrey	Joe,	MD	22 5.0	reene	St. Balti	more.	MD 2	105/4
	23a B	URIAL, CREMATION, REMOVA	23h DATE	23c. NAME	OF CEMETERY OR CR	EMATORY	23d LOCATION		COUNTY	STATE
	i.	Burial	DEC 5.19	186 H	Illerest	-	Annapo	lis	AA	mi
		INERAL DIRECTOR	,			25a. DATE R	EC'D. BY REGIST	25h REGISTRA	AR'S SIGNATI	URE
	1	Rular Pinons	1-42AD 0) ADDRESS	ITS MI)	DEC	1986	Chair to	*) carding	or the second
		- din in cla	- Market	C MILINIA PO	111111111111111111111111111111111111111					

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FOR
STATE
REGISTRAR

STATE OF MARYLAND DEP

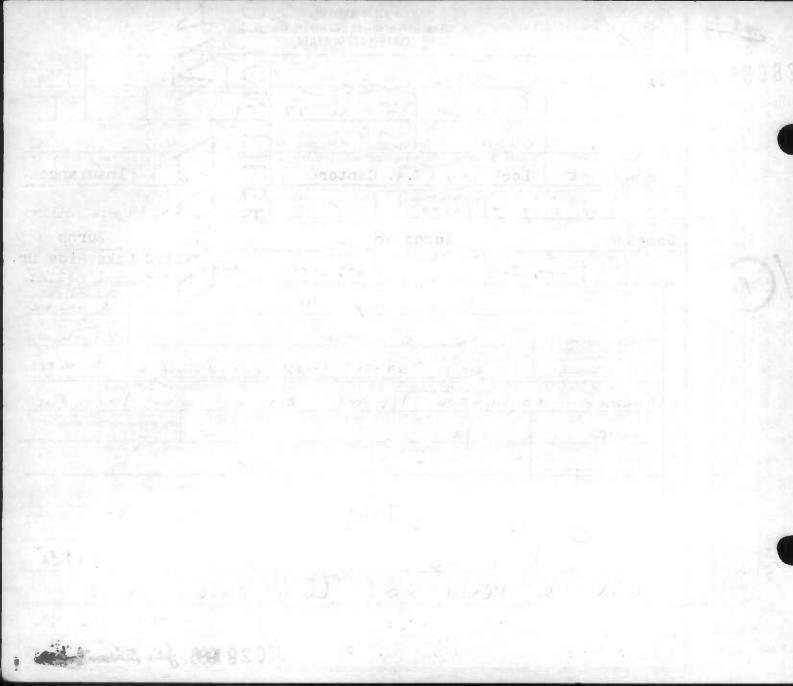
ARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
CEI	RTIF	CATE	OF	DEATH	

ENE	5	ò		3 4		Lan
		REG. N	10.	254		
2a. D	ATE OF	DEATH	MONTH	DAY	YEAR	2b. HOUF

									REG. NO.				
		CEASED NAME FIRST	MID	DLE	L	AST		2a. DATE OF	DEATH MO	нти	DAY YEAR	2b. HOUR	?
7	LIVPE	Jame	or mh	0000	D.			12	26	26		130	٥
.0	11.			omas		irns			EARS LAST BIRTHD		IF UNDER 1 YEAR	IF UNDER 2	/1 M
	3.5E)		4. RACE		5. DATE O		YEAR	AGE (INT	EARS LAST BIRTHL	PAY)	MONTHS DAYS	HOURS	MIN.
		MALE	(MCA	MAIZ	7	31	27	59		YRS			
. 1	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WE	HAT COUNTRY?	В.			9. BALTIMO	RE CITY OR		Y OF DEATH		
6	C	OUNTRY)	USA			NEVER A		0	_				
1		Md.			WIDOWE		ORCED 🖪	1	ATM				MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING ACILITY, GIVE STREET A		R OTHER INST	ITUTION	12a USUAL	OCCUPATION K FOR MOST OF W		12b. KIND O	F BUSINES	SS OR
5		BANMONE	Loch F	Raven V	. A.	Center	2	sal	esman	OKKIIYO	Insu	ranc	e
	USUA	AL RESIDENCE (IF NURSING HOME OF								· · ·			
工	13a. S	TATE 136 COU!		CITY OR TOWN		136 INSIDE	TY LIMITS?	13e.STREET	ADDRESS / Z	IP COD	E		
2		Ma		BALTO	•	YES 🗆	NO 🗌	4615	, Ba	10	Heights	712	15
	14. FA	THER'S NAME	7			15. MOTHER'S	MAIDEN NA	ME			0		
20/	.T	ames	MIDDLE .	Burn	e Sn	Alma	FIRST		MIDDLE		Bii	rns	
-/													
1		VAS DECEASED EVER IN U.S. AR		66. SOCIAL SECUR	ITY NO.	17. INFORMA			ADDRES	572	Lake	Ride	Dr
	, , , , , , , , , , , , , , , , , , ,	TES 1952	-1956	7.17 22	1040	Kath.	Leen F	Lower	C	-	sonvill		
									- 40	LCKS			
	100	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per lin				A				BETWEEN	MATE INTERV	DEATH .
			TE CAUSE (o)	1582012	VATO	7	JUN 8	12			2	mino	ten
			DUE TO OR A	AS A CONSEQUEN	ICE OF	/							
		Candisians if any thick	OUE TO, OK A			NTOM	,				24	100	
		Conditions, if ony, which gave rise to immediate	(b)	02	16 8-16	10 (10)					- (V(C.	4 >
		couse (o), stoting the	DUE TO, OR A	S A CONSEQUEN	NCE OF						3	- 1	
- 31		underlying couse lost.	((c)	END-	STA	CE	COBD	AND	BUEN	10~1	A >	wee !	2.
. 11		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DI	FATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR CONDI	ION GI	VEN IN PART 1		
	NO.	1.	CONCIS		TI	ANT	X				Δ	G	
-	- 22	19a DATE OF OPERATION	- 1		1 E	////		LICON S		4 1	THE STATE	10011000	15-
1	IFICAT	190 DATE OF OPERATION	196. CONDITIO	ON FOR WHICH C	PERATIO	N WAS PERFO	KWED	20a AUTO			S, WERE FINDIN		
1	#	NONE	N	A				YES 🗌	NO		ES 🗍	NO 🗌	
4	CERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF I	MONTH DAY	JE	21c HOW IN	JURY OCCURR	RED (ENTER NA	TURE OF INJURY I	N ITEM 18	PART OR PART 2)		
3	1000	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DAY	Y YEAR			\ A					
7	5	(IF EITHER, NOTIFY MEDICAL EXAMINE			19			11/1					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	FINJURY I. FACTORY, OFFICE, FAI	DAA STC \	21f LOCATIO	N		CITY OF TOWN		COUNTY	ST	ATE
	5	AT WORK NOT WHILE	TAT HOME, STREET	I, FACTORS, OFFICE, FAI	KM, EIC)								
		22a.l certify that (I) (this hosp	inal) attanded the	deserved from 1	2 126	186	19 96	to 17	131.		19.86	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
					1.	A STATE OF THE STA				1.1			
- 1		sow the deceosed slive on obove (1) (we) (did) (did no	ot) view the body of	ter death.	, on	d thot in (my)	(our) opinion (death occurre	d an the dote	ond ho	ur and from the	couses stot	led
		22b. SIGNATURE	1		[DEGREE					22c. DATE	SIGNED	
		err s.	lacas l	44		A	TTENDING	MEDICAL	STAFF		12/2	6 0	6
7	-	226. PHYSICIAN'S NAME (TYPE	V-C -CV	1017		22e ADDRES	PHYSICIAN [DIRECTOR	PHYSICIA	NI	1,01		
		100 100		0.611		THE ADDRES	3	0					
		EVA S	er HE	KZH 1	ND	1	-OCH	12A	NEN	1	IAMC		
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23r N/	AME OF C	EMETERY OR C	REMATORY	123d LOCA	ATION				
		SPECIFY)				/Crowr		CITY	OWNSV	111	e COUNTA.A	M	d.
		burial	12/29/	00 MC	L. VA	CLOWI							
4		INERAL DIRECTOR	400.	Ritch	ie H	wy212	25a. DAT	E REC'D. BY R	EGISTRAR 25	REGIS	TRAR'S SIGNAT	URE	
	G	eorge Gonce	Ba.	TTIMOTE	MG .	- 212	27 Ut	129	1986	Julia	Derdun		
- 13								-					

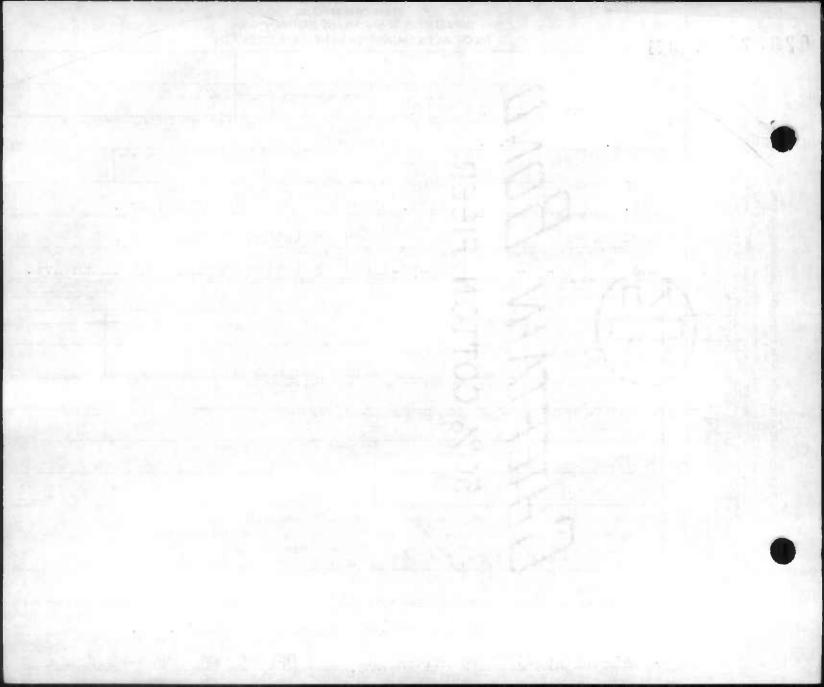
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After thould be detached for use on the with the State Dept, of Health o UMPORTANT, if from 21 is marke



Edmondson

(VR A15 ME (5))



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xecuted within 24 haurs other death. Page 4 may be	1
and conclusive tilled to be the form of director proge 3	2
get 1 and 2 should be tiled within 10 hours after death	l ₁ .
desirations has be willed to the	D

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM

DING PHYSICIAN, The

TO HOSPITAL OR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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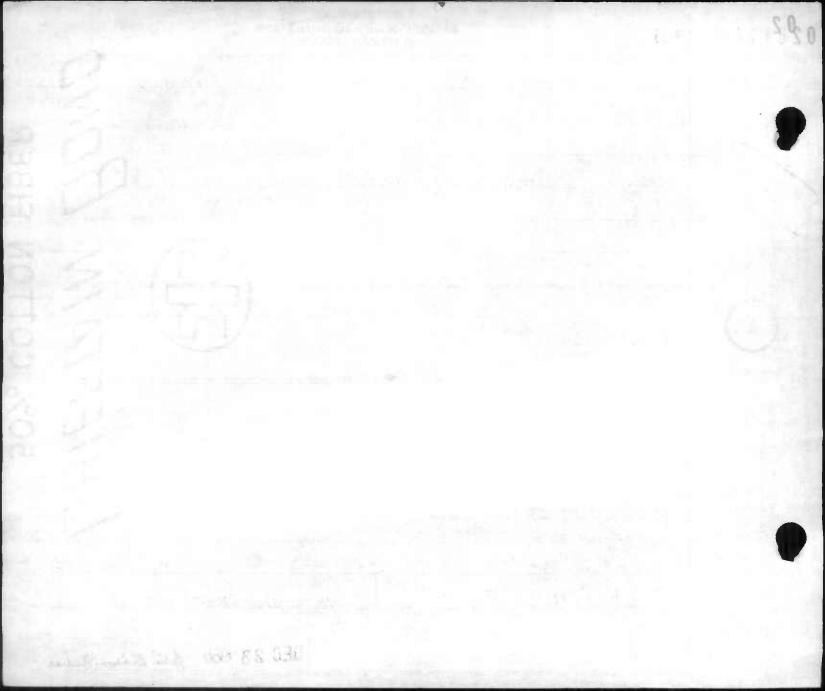
Female S. DATE OF BIRTH ACCE S. DATE OF BIRTH ACCENTION ACCOUNTY		STATE REGISTR	AR			DEPAR		ICATE OF D		ENE &	REG. NO.	5	long	Con	S
SEA SOLIC OF BERTH	ı		AME	FIRST	1	WIDDLE	ı	AST		20 DATE OF		NTH DAY	YEAR	26 HOUR	
SER Female black S. DATE OF BRITH S. OATE	1	STREE CHANGES		Flor	a		Bı	irton			Dece	mber 1	6 198	6 6:5	5P
The bilith place State S	1	1. SEX			4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YE)		AY) IF UN	VDER I YEAR	IF UNDER 241	
MARRIED NEVER MARRIED DEVORCED Baltimore City IR ONORCED	1	fem	ale	31.7	black			24		77	,		IS DATS	, iooks	
US A	1		135+19 04+	08.64	Th CITIZEN OF	WHAT COUNTRY	Y? 8	D NEVER A	APPIED T	9 BALTIMOR	E CITY OR C	OUNTY OF	DEATH		
CONDITION CONTRIBUTION CONTRIB	7	(Consequent)	Md	15.00	USA					Balti	more C	ity			MD
DUST HE STORM ET IN MARINA HONDO GOVERNO ONE RESORVE BEROW ADMISSION 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 820 Har lem Avenue 21201 IF FAIRER'S HAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MOTHER 16 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 18 MOTHE	3	IO CITY OF TOX	WN OF DEA	TH				OR OTHER INST	ITUTION					BUSINESS	OR
134. INSIDE CITY LIMITS? 134. INSIDE CITY LIMITS? 135. MOILE 135. MOILE 136. MOILE 1	П	Baltimo	ore					pital					4D037K1		
Ite Pather's Name	1	The STATE	200	136 COUN	OTHER INSTITUTION. TY	13c. CITY OR TO	WN	4.4					21201	V	4
Hawkins Susie WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 215–32–0214 Bernard Burton 820 Har lem Avenue 18 CAUSE OF DEATH LEnter only one couse per line for iot, (b), and icc.: PART I DEATH WAS CAUSED BY MOCARDIAL INfarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ito PART I OR CAUSES OF DEATH I SECURITY IN SCAUSES OF DEATH I SECURITY IN SCAUSE OF DEATH I SECURITY IN SCAUSES OF DEATH I SECURITY IN SCAUSE OF DEATH I SECURITY IN SCAUSES	7	LE FATHER'S NO	AME					-	MAIDEN NAM			51100			-
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 215-32-0214 Bernard Burton 820 Harlem Avenue		1400	98	٨	AIDDLE		S		FIRST		WIDDLE			าท	
Record R	1	160 WAS DECE							VĪ		ADDRESS		11710	311	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.)	-		NKNOWN)	(IF YES GIVE	WAR OR DATES)	215-32-02	14	Bernard	Burton	820) Harler	n Avenue	<u> </u>		
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (b), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1/10 PART 2 OTHER SIGNIFICANT CONDITION GOVERNME	1	IR CAUS	E OF DEAT	H (Enter on	v one couse per	line for (a), (b),	ond (c).1						APPROXIM BETWEEN OF	ATE INTERVA	ATH
OR CONTRIBUTING CAUSE OF DEATH	3	underlyi PART 2 (ng couse	lost. NIFICANT C	onditions <u>co</u>	ONTRIBUTING TO	O DEATH BUT				PSY? 2	Ob. IF YES, WE	ERE FINDING	GS USED	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREEL FACTORY, OFFICE FARM ETC.) 21e LOCATION STREET 21d. Location STREET STREET 21d. Location STREET STREET 21d. Location STREET STR	4	E .								YES 🗌]	NO 🗌	
220. I certify that 1/2 (this hospital) attended the deceased fram December 16 19 86 to December 16 19 86, that 1/2 sow the deceased alive on December 16 19 86 and that in (1/20) (our) opinion death accurred on the date and hour and from the causes so obave. All (we) (did) (did 1/20) (did) (did) (did 1/20) (did) (did) (did 1/20) (did) (did	9		IBUTING [CAUSE OF DEA	HOUR A.	M. MONTH		21c. HOW IN	JURY OCCURRI	ED (ENTERNATI	URE OF INJURY IN	TEM 18 PART I	OR PART 2)		
sow the deceased alive on December 16 19 86 and that in (M) (our) opinion death accurred on the date and hour and from the causes so obave, M) (we) (did) (did NNX view the bady after death. 270 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY	1	AT WORK	NOT WHO	ILE	(AT HOME ST	REET, FACTORY, OFFIC		211 LOCATION		CITY OR TOWN		COUNTY	STAT	É	
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/16/8 2724 PHYSICIAN'S NAME (TYPE OR PRINT) 2724 PHYSICIAN'S NAME (TYPE OR PRINT) 2726 ADDRESS COMPANY MARKETINE		sow	27a.I certify that # (this hospital) attended the deceased fram December 16, 19 sow the deceased olive on December 16, 19 86, and that in (98) (our)												
A PAMORIE NO Common Variation		22b SIGN	sko.	nel	ell			NA				N	12/16	1GNED	
CIO Marilland Cultural Hobbital		22d PHYS	A	AME (TYPE OF	OFILE	- M.	D	22e ADDRES		Ge Ge	neral	Hosni+	ta 1		
236 BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION		230 BURIAL CR	REMATION.	REMOVAL	23b. DATE	23	NAME OF	EMETERY OR C		23d. LOCA	TION				_
Burial 12/22/86 Baltimore National Cemetery Baltimore		(SPECIFY)				/86 B	Baltimore	Nationa	1 Cemeter			co	YINUY	STAT	d
24 FUNERAL DIRECTOR 25 PATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 12 PATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 12 PATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE		24 FUNERAL D	RECTOR					.,				REGISTRAR	'S SIGNATU		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR AND TO FUNERAL DIRECTOR WITH The Stote Degr of Health IMPORTANT: If the

March Funeral Home West 4300 Wabash Avenue

Julia Dividion Randall



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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😸 CERTIFICATE OF DEATH

3	aller E	6.	las 1	1
0.				
MONTH	DAY	YEAR	2b. HOUR	}
	. " 1	2		-

1	0 0	REGISTRAR					REG. No	Ο,		
6		CEASED NAME FIRST ALL	LONZO MIDDLE		UTLET			MONTH / 2_ /	DAY YEAR	126 HOUR 630 PM
	3. SE)	,	4. RACE	5 DATE O			AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	J. SE/	m	B	MONTH 63		44	42	YRS.	MONTHS DAYS	HOURS MIN.
9		RTHPLACE (STATE OR FOREIGN DOUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED		ARRIED 🔟	Baltimore city o	R COUNT	Y OF DEATH	MD.
2	10 CI	TY OR TOWN OF DEATH			HUSOIT	tution tal	ITYPE OF WORK FOR MOST O	F WORKING L	LIFE) INDUSTRY	F BUSINESS OR
			NTY 13t. CITY OR TO	NWC I	Acia		30.STREET ADDRESS	ZIP COD	Filla i	21215°
	14. FA	THER'S NAME FIRST ERNEST	MIDDLE BUT	TLER			MIDDLE		MONT	GOMERY
				2-5714	Pam	ela P	1. Butler	470	14 Gree	+C8 EnspringA
		PART I. DEATH WAS CAUSE	DBY:		LMON	JA14)	ARREST	_	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost.	(b) BIVENT	MICH	LAR	CARDIA	r FAIL	VRE		
-	NO			O DEATH BUT	NOT RELATED 1	TO THE TERMIN	NAL DISEASE OR CON	DITION GI	IVEN IN PART 110	
9	TIFICATI	190 DATE OF OPERATION		CH OPERATION	V WAS PERFOR	MED	200 AUTOPSY? YES NO	IN CERT	IFYING CAUSES	
	CAL CER	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)	
	10 CITY OR TOWN OF DEATH	STATE								
		sow the deceased alive on	12/18/19		d that in (my) (, 17	eath occurred on the do	ote and ho		that (I) (we) lost couses stated
		Robert	W Daly	m	AT PI	TENDING HYSICIAN	MEDICAL STAN	FAND)	22c. DATE	118/86
		0 0	W. DAZY	MD	22e ADDRESS	IERSI	TY HOSP	TA	2	
1	(Burial				Park	Arbutus			s Mid
			West 4300 Wabash	Àvenue		DEC	2 3 1986	25b. REGIS	~ .	Paridaes

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND	S	T	T	E O	F	M	AR	YL	AN	D
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REG. NO.

	REGISTRAR			CERTIFI	CAIL OI DEAL		REG. N	0.		
	CEASED NAME FIRST	٨	AIDDLE	1A	ST		e. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(,,,,,	Jame	S		Butle	r		December	18.	1986	N
3. SEX	X	4. RACE		5. DATE O		AR 6	AGE (IN YEARS LAST BIR		MONTHS DAYS	
	Male	Blac	k	10	31 1923		63	YRS		HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRI	9	BALTIMORE CITY O			
	S.C?	USA		WIDOWEL	, ,		BALTIMORI	E CIT	ry.	WD
	BALTIMORE	2228	Linden Av	ADDRESS) /enue	R OTHER INSTITUTE		2a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired	ON	12b. KIND	OF BUSINESS OR
13a. S Ma	AL RESIDENCE (IF NURSING HOME TATE 136. CC		GIVE RESIDENCE BEFORE 136. CITY OR TOWN Baltimor	N I	13d. INSIDE CITY LIA YES 🚺 NO		3e.STREET ADDRESS 201 Broadwa		ot 18 J	21231
14. FA	LOUIS	WIDDLE	Butler		Almer FIRST	DEN NAME	WIDDIE		Cox	AST
	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE	SS		
{1	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	214-18-792	25	Margaret Bu	ıtler	1936 Rido	ehill	Avenue	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CO		E ON MININ	TATON - POSSIBLE ARMY INSEQUENCE OF ING TO DEATH BUT NOT RELATED TO THE, TERM				20b. IF Y IN CERT		INGS USED
MEDICAL CERTIFICATION	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK ALONG	DEATH HOUR A./	M. MONTH DA	19	211. LOCATION STREET	OCCURRE	D (ENTER NATURE OF INJUI CITY OR TO	11	8 PART I OR PART ?) COUNTY	STATE
	22a.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on DECEMINE	2 16 19 8	JVM , one		76 opinion de	to DEC 18	ote and ha		, that (I) (we) lost e couses stated
N		dem s	m	D		DING NO	MEDICAL STAI DIRECTOR PHYSIC	F IAN []		e signed
	JOHN JOSSET				1210 ADDRESS VI		thy of many muland)	LAND	Mas be IN	r
23a. B	BURIAL, CREMATION, REMOV SPECIFY) Burial	12/23/86			METERY OR CREMA		23d LOCATION CITY OF TOWN Anne Arund		COUNTY	STATE
	arch Funeral I	Homes 4300			Werus	DEC	23 1986	256 REGIS	STRAR'S, SIGNA	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any

JEG 23 189 July distributed

07/84 BP. DHMH - 17 (VR A15 ME (5))

23g BURIAL CREMATION REMOVAL 23b, DATE Burial

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Cedar Hill Cem WHAT . March 430 Opreswabash Ave.

Annearundal 256 REGISTRAR'S SIGNATURE Julia Devider Roadas

JAN 5 TEST & MAIL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

	10-73			-	
Ö	ů.	4	6.00	()	Sec.
REG NO					

1	N. CAROLI OCITY OR TOWN OF BALTIMOR				CERTII	FICATE OF	DEATH		REG. NO.					
FEMAL TO COUNTRY N. CAROLI 10. CITY OR TOWN O BALITIMOR USUAL RESIDENCE (1) 30. STATE MARYLAND FATHER'S NAME FIRST JOHN		FIRST		MIDDLE		ŁAST		20. DATE OF D		DAY	YEAR	26 HOU	32	
REGISTRAR CERTIFICATE OF DEATH REG. NO.	830	PM												
1	I. SEX				_			6. AGE (IN YEAR		IF UND	DER I YEAR	IF UNDER	24 HRS	
1	FEMALE		Bt.	ACK	_			50	VB		DATS	HOURS	MIN.	
7	A BIRTHPLACE (STATE C	R FOREIGN			8.						EATH			
/		A	U.	s. A.	1		_	BALTI	MORE CIT	Y			MD.	
1					IG HOME		STITUTION			121	KIND C	HOSE	TTAL	
1	BALTIMORE					IUE		and the same of th		1.0				
1							CITY LIMITS?	S2 138 STREET ADDRESS / ZIP CODMARYLAND 2121					217	
2	MARYLAND							2803 W	OODBROOK	AVE	, BA	LTIM	ORE,	
1		Α.	AIDDLE	LAST					MIDDLE		LAS			
					R		AGGIE				WHITERS			
T				166 SOCIAL SECU	JRITY NO.	17 INFORA	MR.		BALTIMOR	E, M	ARYL	AND ;	21217	
L		(11 123, 0112	. THE OR DATES	251-38-8	653	DAVII	BUTLER	R, SR.	2803 WOO					
T	18 CAUSE OF DEA	TH Enter onl	y one cause pe	line for iai, jb; an	digit	2 ~1	11/21	rant	Flex		BETWEEN	MATE INTER	DEATH	
П	PART I. DEATH			ANC	16 x	2 01	MEC	1241	1/01	0				
		DUE TO, OKAS A CONSTOUENCE OF / / / A MAIN COMPANY												
	Conditions, if an	v. which	(16)	R19/1	1	+1/1	1R N	1ASS	m C	HE	57			
1	gave rise to in	nmediote	0)	McA consed	THE OF	1		MPI	00.					
П			100000	VIETI	43	147	120	ICA	HUNG	511	A			
1	PART 2. OTHER SIG	GNIFICANTO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELAT	D TO THE TEXA	MINAL DISEASE	OR CONDITION	GIVEN IN	PART 1	0		
	NO.						/							
2	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOP						
+	#E		for min					YES 🗍 💛			CHOOLO	NO [
			11-11-1		AY YEAR	21c HOW	INJURY OCCUR	RED (ENTER NATU	OF INJURY IN ITEM	18 PART I O	R PART 2)			
71	GR CONTRIBUTING		IH .											
	21d INJURY OCCU	RRED			CARAL ETC.	21f LOCA	ION		CITY OR TOWN	sen c	OUNTY	5	TATE	
		WHILE O	(AT TIOME 31	KEET, PACTORT, OFFICE, P	ARM, EIC J	1-1		11	1-1-1	/	21			
1	220.1 certify that	(I) (this hospit	al) attended th	ne deceased from	10	01	19_0	0 10 /	2/0//	10_/	56	that (I) (we) last	
1	saw the deced	sed alive on	view the hardy	ofter death	66.0	nd that in (m	y) (aur) opinion	deoth occurred	an the date and	hour ond	I om the	causes st	oted	
		, /	1	and dearn.	-1/	PEGREE	,	/		2	2c. DATE	SIGNED	111	
1	H4/V	N	voy	VA	VI						14	51	16,	
7	THE HISICIAN'S	NAME (TYPEOF	PRINT)	1 11		22e ADDR	58	1/ 1/	21110	10		11	24	
	KOBE	RA	JW	11/1A	MS	14	005	EL	INUN	IV.	SON	1/4	EI	
2	(TRECIFY)									L QII	NIY	1 50000	Miss	
1						IN CEME							AND	
						2222	25a D.A	TE REC'D. BY REC	OOG 25b. REC	ISTRAR'S	SIGNAT	URE	44.	
1	SOUT GMANNS	FALLS	PKWY.	PATITIMORE	, m.	51516		-00	Jun Jun	2000		Luncas		

DHMH - 16 60M 7/84 (VRA 15, 4)

12 01 86	NAME OF	ROARCE MILLER	774
59	TS91 00 - E	PLACK	
PALICONOUS CULTS		.A .E .U	F/L-1256
TANTED . OF STEA STEAMY	- NEW A	ZED3 KOCEZMOCK	SWOKETIAN
2803 NOVLEROUK AVE, BALLINOSTY	, and		SAMMAN
ALMS ON JEROTIAE	ATODAN R	2.11X	MHOE
Ser Condition According to the control of the contr		an 3	.001

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH MONTH DECEASED NAME EIRST DAY YEAR 2b. HOUR A WE OF PRINT) ROSE E. BUTLER IF UNDER 1 YEAR 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 4. RACE Îĝ 1922 B 63 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA WIDOWED DIVORCED MD. BALTO 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE BALTO. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MD BALTO. YES 🔯 NO [1615 M PAYSON ST 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Samuel Walker MIDDLE Green Louise ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 230-42-4879 LEWIS BUTLER 1615 N. PAYSON ST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CERTIFICATION

	Conditions, if any, which gove rise to immediate couse (0), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF				
-		DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE OR CONDI	TION GIVEN IN PART	Ito
TION	GI Slee	d	There is a second			
RTIFICAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED		20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
AL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2	?)
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN		STATE
	22e.1 certify that (1) (this hospital) saw the deceased alive an	ottended the deceosed from Jephe 12 / 17 19 870 on	d that in (my) (our) opinion de			

EDRTANT.

FUNERAL DIRECTO

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE Buria 12/20/86 23c NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park

DEGREE

22e. ADDRESS

ATTENDING

PHYSICIAN

23d LOCATION Arbutus

DIRECTOR PHYSICIAN

STAFF

COUNTY

22c. DATE SIGNED

24 FUNERAL DIRECTOR

27h SIGNATURE

4300 Wabash Avenue FUNERAL HOME

250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MEDICAL

led in by the funeral director, page 3 id be filed within 72 hours after death

27143 DEC	J J STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGH CERTIFICATE OF DEATH	ENE 3	6 REG. NO.	3	حإ	La
	1. DECEASED NAME FIRST	MIDDLE LAST	20 DATE	OF DEATH M	ONTH	DAY	YEAR

13 FUNERAL DIRECTOR
Plans Gall A Llonger 635 3001/10002 5+

		REGISTRAR						REG. N	Э.				
1	18. CAUSE OF D PART 1. DEAT Conditions, if gove rise to couse (o), underlying conditions or couse (ii) and couse (o), underlying conditions or contributing (if either, notify 21d, invork 100 more contributing conditions 100 more contributing conditions 100 more contributing conditions 100 more contributing 100 more contributing		FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH D			26 HOL	JR
	(TIPE	OR PRINT!	MARY	'	٧.	B	UTLER		12 1	0 8	36	933	PM
-	3. SEX			4 RACE				6. AGE (IN YEARS LAST BIR					
		FEMAL8		BL	ACK			60	YRS			HOURS	MIN.
			FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	_					- 1
-)	MD		U.	S.			BALTI	MORE	CI	14		MD.
Š	_		ATH		H FACILITY, GIVE STREET A	ADDRESS)		TYPE OF WORK FOR MOST O	F WORKING LIFE			BUSINE	ESS OR
DECEASED NAME													
TOTAL RESIDENCE PRINCE COUNTY PRILOR WAS COUNTY PRILOR WAS DECREASED PRINCE PRINCE COUNTY PRILOR WAS DECREASED PRINCE COUNTY PRILOR WAS DECREASED PRINCE COUNTY PRILOR WAS DECREASED PRINCE COUNTY PRINCE COUNTY PRILOR WAS DECREASED PRINCE COUNTY PRINCE COUNTY													
TOPECASED NAME													
TO DECEASED NAME THE CORREST THE COLOR THE COL													
		(ES, NO OR UNKNOWN)											
	Z	gove rise to im cause (a), stati underlying cause	mediate ng the e last.	(c)_	R AS A CONSEQUE	NCE OF			DITION GIVI	EN IN P	ART Ira		
2	IFICATIO	196. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	1/	IN CERTIF	YING CA		OF DEAT	TH?
7		OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA M.						ART 2)		
	MEC	WHILE I NOT W	HILE [ARM, ETC.)		CITY OR TO	wN	COUP	NIY	5	STATE
		saw the deceas abave, (1) (we) (sed alive or		12/10 19 8		DEGREE ATTENDING	MEDICAL STA	F AZ	r and fro	om the c	auses st	oted
		220 PHYSICIAN'S M	AME (TYPE				University	of Mar	ylan	d	More	inik	al
		SURIAL, CREMATION	, REMOVAL	23b. DATE	100		EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	12/01/1	COUNTY	m	5	STATE

DEC 1 2 1986 Segistrar's Signature

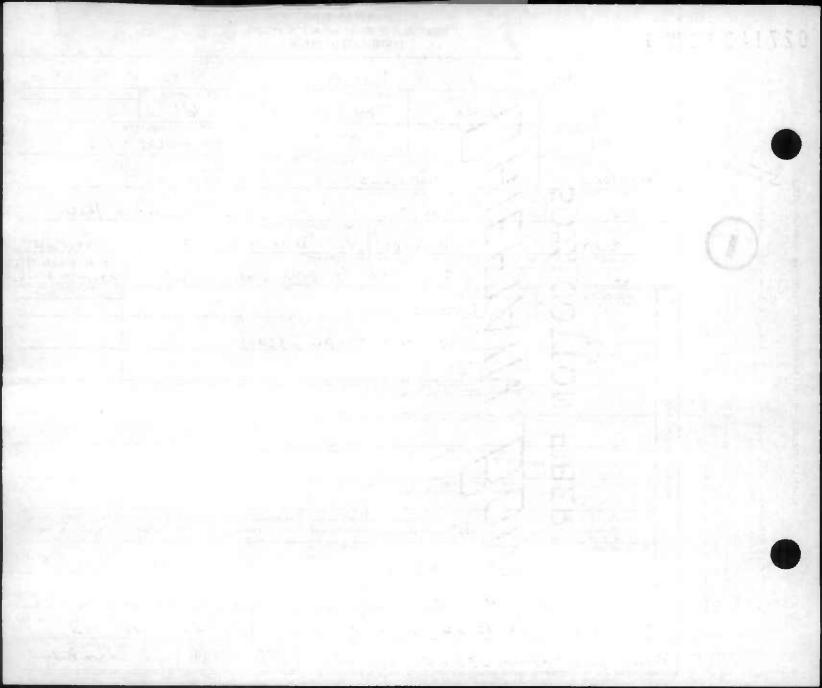
DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician all should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pay with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or removal.

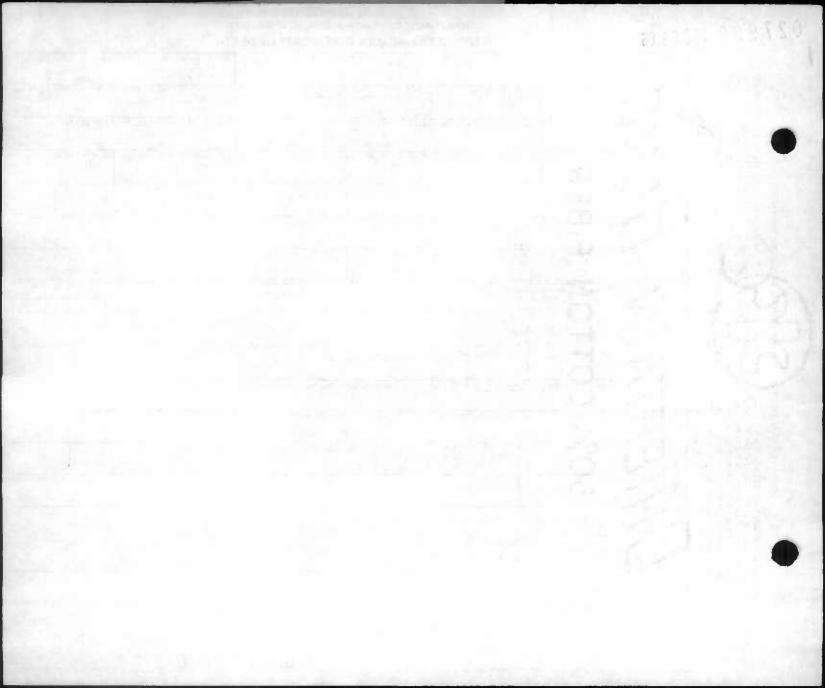
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the

(VRA 15, 4)

BP



027	980 DE	l _r	FOR			DEPARTMENT O		D MENTAL HY	75 0	3		2.	j
	O O O DE	-	TATE REGISTRAR		ME	DICAL EXAMI		TIFICATE OF		REG. NO.		-	
			CEASED NAME	FIRST		MIDDLE	LAST		Or Or	ESTI-	MONTH	DAY YE	AR 25 HOUR
	ASE OR. URS. EET,			John		М.	Byn			MATED [12/		86 M
	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN Z HOURS W. PRESTON STREET,	3 SE		ack	DATE OF BIRTH	1065 LAST BIRTI			HRS. 2c. DATE MIN. PRONOUT DEAD	NCED	12/	14/198	EAR 26HOUR
	STO	Za B	IRTHPLACE (STATE OF		76. CITIZEN OF W		14	NEVER MARRIED	Concession of the Concession o	AORE CITY OR			
	NAME OF THE PARTY	FC	DREIGN COUNTRY)	100	USA		WIDOWED [ltimore	City	7	MD
	THE FILED SEES		ITY OR TOWN OF DE		11, NAME OF HO	SPITAL, NURSING HOA	S)	ISTITUTION	2a USUAL OCCU	PATION (TYPE C	OF WORK	2b. KIND OF OR IND	F BUSINESS USTRY
	N N N N N N N N N N N N N N N N N N N	FISH	Baltimos	CE HOME OR	Sinai H	ospital	140133					Bynum	Enterpris
21201	1. IF ANY DELAY IS NECESSAR, 2, AND 3 TO THE FUNERAL DISTRIBUTION OF STORY	13a, S	TATE Md	136. COUNTY	(ospital BIT CITY OR TOWN Baltimore	13d. 1 YE	INSIDE CITY LIMITS?	3e STREET ADDRI	Madison S	Streat	05	
BALTIMORE, MD. 2120	音で 子名を	١,	ATHER'S NAME FIRST AMES		R.	Bynum		NOTHER'S MAIDEN	NAME	MIDDLE		Bond	
MON	A SON -	16a. \	WAS DECEASED EVE		ED FORCES?	16h SOCIAL SECUR		NEORMANT		ADDRESS		DONG	
TANK THE PARTY OF	S AFTER I GIVE PA THY FORM PAGES 1 IVISION C	()	es, no, or unknown)	(IF YES, GIVE W		219-02-8254	1 N	Mandy Bynum	4105	Brocking	gham R	oad	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	UUID BE EXECUTED WITHIN 24 HOURS, "PENDING". IN PENCIL IN ITEM 18 G G F MEDICAL EXAMINER ALONG WIT SED AS A BURIAL - TRANST PERMIT. PART HEALTH AND MENTAL HYGENE, DIV. A1, CREMATION, OR REMOVAL.	NO	Conditions, if gove rise to couse (a) statin lying couse los	IMMEDIATE ony, which immediate g the under-	BY: CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	e for (o), (b), ond (c).) R AS A CONSEQUENC R AS A CONSEQUENC	E OF	Wound of				APPROXIL BETWEEN O	MATE INTERVAL INSET AND DEATH
A R	SHOULD BE ORD "PENDI CHIEF AED E USED AS A T OF HEALTH URIAL, CREI	CATI	196. DATE OF OPER	ATION	195 CONDI	ITION FOR WHICH OP	ERATION WAS PE	RFORMED?				20 AUTOR	PSY?
ON OF VIT	CERTIFICATE SHOULD THE WORD "PDED TO THE CHIEF IS 3 SHOULD BE DEPARTMENT OF HIEF IN PRIOR TO BURIAL,	CAL CERTIFICATION	210. EXTERNAL CALL UNDERLYING CONTRIBUTING		216. TIME O HOUR A.A 7:08%	FINJURY A. MONTH DAY YE XX 12/14/19	AR	ect shot	ENTER NATURE OF IN	JURY IN ITEM 18 PAI	RT 1 OR PART	YES X	00 🗆
DIVISI	SERKE	MEDICAL	21d INJURY OCCUI WHILE NO AT WORK AT V	RRED I WHILE X	21e PLACE STREET, FAC	OF INJURY (AT HOME, ITORY, FARM, ETC.)	211. LOCATIO	Ellamont	St., Bal	lto. Ci	coun	ny Ad.	STATE
•	DICAL EXAMINE E THE CERTIFICA I SHOULD BE FO MERAL DIRECTOR PEATH, WITH THE ORE, MARYLANI		22a. I certify that death resulted fro ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	m: Noturol	of the remoins de	Accident Accident Kauffman,	Suicide , TI	Homicide X ITLE (SPECIFY) SSISTANT	Undetermined mo	onner .	OATE	12	/15/86
	TO MEE EXECUT PAGE 4 TO FUN AFTER I	23a.B	IRIAL CREMATION	REMOVAL 236	DATE		EMETERY OR CRE		23d LOCATION				
07/84	BP		Burial	13	2/20/86	Cedar Hill	Cemetery		Anne	Arundel	Co		Md
25M	DHMH - 17 (VR A15 ME (5))		uneral director arch Funeral	Home We	st 4300 Wa	bash Avenue		250. DATE REC	1 9 1936	R Sulia L	Janders Janders	A Court	th



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

LAST

CAIN

5. DATE OF BIRTH

MONTH 2

CERTIFICATE OF DEATH

25 S

Jr.

05

G	IENE				
	REG. NO.				
	20 DATE OF DEATH MONTH	2	YEAR 86	26 HOL	RA
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER	24 HRS
	8 YRS.	MONTH	S DAYS	HOURS	MIN
ī	9. BALTIMORE CITY OR COUNT	YOF	EATH		
	Baltimore	(ity		M
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L		KIND Ó IDUSTRY	F BUSINE	ESS O

	RTHPLACE (STATE OR FOREIGN COUNTRY) Florida	76 CITIZEN OF	WHAT COUNTRY?	MARRIED X	NEVER MARRIED DIVORCED		Home COUNTY	C: Ly	MI
10 C	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING H FACILITY, GIVE STREET AD NA			120 USUAŁ OCCL (TYPE OF WORK FOR A	IPATION NOST OF WORKING LIFE)		BUSINESS OF
	AL RESIDENCE (IF NURSING HOME		GIVE RESIDENCE BEFORE AL	13d I	NSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP CODE	2/21	3
14 F/	THER'S NAME Walter	Cain	Sr. LAST	15 M	Alice	ME MID	Cain	LAST	
	VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	220-09-49		y Cain 241		imore St	. 21223	3
	18 CAUSE OF DEATH lEnter PART I. DEATH WAS CAU IMMED Conditions, if any, which gave rise to immediate cause lai, stoting the underlying cause last PART 2. OTHER SIGNIFICAN	DUE TO, O	RAS A CONSEQUEN RAS A CONSEQUEN OF COMME	ce of Lina hed ce of Lelmin	latrovas Seps	15		BETWEEN O	MATÉ INTERVAL INSET AND DÉATH
TION		iver fai							
FICA	190 DATE OF OPERATION	196 COND	TION FOR WHICH O	PERATION WA	5 PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING	OF DEATH?

Live	- failure	
196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 2016 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 12 2 1986	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE SI WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE

226 SIGNATURE DEGREE 22c. DATE SIGNED

MA ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT MILLEL MD SAMUEL

HOSPITA L 23d. LOCATION

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23b DATE 12/6/86

MIDDLE

Black

WALTER

4 RACE

23c NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.

Brooklyn A.A.

24 FUNERAL DIRECTOR

FOR STATE

I SEX

REGISTRAR ED NAME

Male

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 1 1 1986

DHMH - 16 60M 7/B4 (VRA 15, 4)

Chas.A.Rice FSPA 1300 Euraw Place

Md.



(4.)

and I and a complete with the

The same of the same of the same of medically land sign DED 19 186 187 212 2022

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

un after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND CERTIFICATE OF		S O S	and the	5 0
7 DECEASED NAME FI	RST MIDDLE	ţAST	2n DA	TE OF DEATH MONTH	DAY YEAR 26	HOUR
(TYPE OR PRINT) CARE	6 FITTABE	TH CAMPI			17-86	. HOOK
3. SEX	4 RACE	5. DATE OF BIRTH		(IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
FEMALE	BLACK	MONTH GAY	- 1922	64		OURS MIN.
To. BIRTHPLACE (STATE OR FOREM	SN 76 CITIZEN OF WHAT COUNT	RY? 8	9. BAL	TIMORE CITY OR COUNT	TY OF DEATH	
COUNTRY)	1154		R MARRIED DIVORCED	20 Himon	1.411	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			SUAL OCCUPATION	12b KIND OF B	USINESS OF
BALTO.	ST. AGNES	HOSPITAL		T. HOUSEKER	LIFE) INDUSTRY	
USUAL RESIDENCE (IF NURSING F 130. STATE	OME OR OTHER INSTITUTION, GIVE RESIDENCE BE COUNTY 13c. GITY OR T.	OWN 13d INSIDE	CITY LIMITS? 130.STR	REET ADDRESS / ZIP COL	E AVE.	23
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER	R'S MAIDEN NAME	MIDDLE	A 1851	1 7
GROVER	(amp	bell 130	ethA		(Ambi	6011
166 WAS DECEASED EVER IN L		ECURITY NO. 17. INFORM	MANT	ADDRESS P	0. Box 323	35
(YES, NO ON UNKNOWN) (IF	YES, GIVE WAR OR DATES) 218-1	42-212 B	enthu M	ADCOLLA IN	Marchica	4 10/16
18 CAUSE OF DEATH /E	nter only one couse per line for (a), (b)		CHIP / VI	The state of the s	AMBOXINA	FIRTERYAL
PART I. DEATH WAS	CAUSED BY:		Cil		BETWEEN ONE	-
IMA	MEDIATE CAUSE (0)	LIVENSENTER	4		73	mid
	2	,				
Canditians, if ony, wh gove rise to immedia	ich (b) Small	(- () N	200
couse (a), stating	the DUE TO, OR AS A CONSE	QUENCE OF			1	
underlying cause la	6 n	165				
PART 2. OTHER SIGNIFIC	CANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TERMINAL DI	SEASE OR CONDITION G	IVEN IN PART 11g	
190. DATE OF OPERATION 9-30-86 210. ACCIDENT WAS UNDERLY	19b. CONDITION FOR WH	ICH OPERATION WAS PERF	ORMED 20a	AUTOPSY? 20b. IF YI	ES, WERE FINDINGS	LISED
9-30-86		a 65 km bon	ζ	IN CERT	IFYING CAUSES OF	DEATH?
710. ACCIDENT WAS UNDERLY	ING T 216 TIME OF INJURY	0	YES YES	-		40
		DAY YEAR	MANUAL OCCURRED (EN	ITER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
(IF EITHER, NOTHEY MEDICALE)		19				
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE) 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211. LOCAT		CITY OR TOWN	COUNTY	STATE
WHILE NOT WHILE		CE, PARM ETC)				
22a. I certify that (1) Whis	haspital attended the deceased fro	m 9-26	10 86 ta	12-21	, 19_86, tho	t (I) We lo
		86, and that in my	(our) opinian death ac	curred on the date and ha	our and from the cou	ses stated
obave ((1) (we) (did) (did nat) view the body after death.	DEGREE			_	
The STOTATORE IT	. X	DEGREE	ATTENDING MEDI	ICAL STAFF	22c. DATE SIG	27-8
22d. PHYSICIAN'S NAME	no peurs su	22e ADDRE	PHYSICIAN DIREC	TOR PHYSICIAN		- 10
Ame	7 / 1	NN NO 9		tow Ave	Balt. 1	20
23a. BURIAL, CREMATION, REM	OVAL 23b. DATE 2	3¢ NAME OF CEMETERY OR		LOCATION CITY OR TOWN	COUNTY	STATE
	12/31/86	Loudon Cem	1.	Baltimore	COUNTY	Md.
24 FUNERAL DIRECTOR	,,		250 DATE REC'D	BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE	
March Fun	ieral Home 430		DEC 3	0 1086 /4:	Divideon Pan	1
PICT CH FULL	eral nume 430	0 Wabash	000	0 1300 Prata	puediasin. Kan	dalle

SOS 40 C-140 18 8 8 1

GP'	8	1-	FOR STATE REGISTRAR						MENT	TATE OF A	AND M	ENTALH	6 9	E O	REG.	3 4	2	3	1
050	DEC 31 0		CEASED NAMI	Ē	FIRST			MIDDLE			LAST			20. DATE	KNOWN		TH DAY	YEAR	Zh HOU
0 3 3) DEC 31 8	P (1"	E OR PRINT)	R	OBER	Г]	Bryar	n	CAi	PBELL			OF	ESTI- MATED	□ 12	24	1986	
	IS NICESSARY, PLEASE FILINERAL DIRECTOR E FOR YOUR PILES. ET FOR YOUR	3. SEX	male	4. RACE		DATE C	F BIRTH	5 ⁷	6. AGE (1	N YEARS IF II	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE PRONOUN DEAD	ICED	12	H DAY	YEAR	3:04 A
	PRESTON	7a B	RTHPLACE (ST	Md.	7	b. CITIZE	U.S	IAT COU		10	IED NE'	VER MARR		9. BALTIM Balt.		Y OR COL	INTY OF		1 21
	PAGE 5		TY OR TOWN	ore ore		6200	of Hos	PITAL, NI CILITY, GIVE Pe	nninc	ome, or other	IER INSTITU		12a US	JAL OCCUP MOST OF WOR ter/	ATION (TYPE OF WOR	12b. KI	ND OF BU R INDUSTR Stee	RY_
21201	A STANDARY	13o. S	TATE Md.	13b	COUNTY		ITUTION, GIV	Ba]	PERFORE ADA YORTOW LTIMO	re	13d. INSIDE (I	NO [134572	PE ADDRE	ss nni	ngto	n Av	re.2:	1226
NE. MD.			Forres	st		MIDDLE A.			_	bell	Mar		EN NAME	Ã	IDDLE		Neu	เป็นแ	er
BALTIMORE	AFTER SINE PA TH FOR MGES I VISION	16a V	VAS DECEASEI ES, NO, OR UNKNO NO		J.S. ARME res, give wi				6 68	8519	Mar.		Can	npbel	ADDRE	same	as	13E)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	# W S L D	5	Canditian gave ris	ath was of IM. Important in the importa	MEDIATE which nediate under-	BY: CAUSE (DUI	E TO, OR E TO, OR	Multi AS A CO	ple i	IE OF		N GIVEN IN PA	RT 1 (a).				A 8ET	PPROXIMATE WEEN ONSET	INTERVAL AND DEAT
VITAL RECOR		CERTIFICATION	19a. DATE OF				CONDIT		WHICH O	PERATION V								AUTOPSY?	NO 🗆
DIVISION OF		MEDICAL CE	UNDERLYING CONTRIBUTING 21d. INJURY C WHILE AT WORK	OCCURRED	SE OF DE	ATH 2:	DUR A.M. 55 XX PLACE C	MONTH 12- OF INJURY ORY, FARM,	(ATHOME	86 Dri	Ver O	f van	/fix	ed ob	ject.	impa	Ct.		STATE
•			22a. I certification of the control of the certification of the certific	ty that I too	Notural Denni	couses LS F.	Smy	Agrident Mu	M.		Hamic TITLE (SI	Inspection ide	Under	Inquiry ermined mo	inner [and in my], DA1 SIG	E NED 12	1ty -24-8 21201	
07/84	Bb		URIAL, CREMAT	rion, REMO	OVAL 23b	DATE / 2	29/8	6 23c.	NAME OF leado	wride				rsey			öwar		Md.
25M	DHMH - 17	24 F	JNERAL DIREC	TOR		40	Q1 _{ESS}	Rito	hie	Hwy.		25a. DATE F	REC'D. BY	REGISTRA			SIGNAT	URE	
	(VR A15 ME (5))	G	eorge	Geno	e					212	25	D	EC 2	9 198	8 4	ulia d	cordon	Rod	per.

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within 24 hours ofter death. Page

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filled in by the funeral

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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DECEASED NAME TYPE OR PRINT) SEX				CEKIIF	ICATE OF DEATH	REG. N	0.		
SEX	Dorotl		R.	Camph	or	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
SEX		•					ec -	1 86	7.30
OE.	4	I. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24
Female			lack	12	08 1910	76	YRS.		
BIRTHPLACE (STATE	OR FOREIGN 7		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	_		
VIRGINIA CITY OR TOWN OF	DEATH 1	U. NAME OF	HOSPITAL NUPSIN	WIDOWE	D DIVORCED DIVORCED	120 USUAL OCCUPAT			F BUSINESS
Baltimore ((IF NOT IN SUC	nion Memo	ADDRESS)		(TYPE OF WORK FOR MOST C	F WORKING LIF	E) INDUSTRY	Famil:
SUAL RESIDENCE (IF N		OTHER INSTITUTION		AOMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	71 Bal		
Maryland	130 00011		Baltimor		YES X NO	601 Wyanok			
FATHER'S NAME					15. MOTHER'S MAIDEN NA	ME	- 1116	. Apri	141
FIRST	M	NODLE	LAST		FIRST	WIDOLE		LAS	ST
James was deceased ev	FRINIIS ARA	AED FORCES?	Brown 16b. SOCIAL SECU		Carrie	- ADDRE	55	Jen	nings
(YES, NO OR UNKNOWN)		WAR OR DATES)			FILS.			Maryla	
No			214-26-8	313	Helen B. Edw	ards 1116	Guilfo		
18. CAUSE OF DE	ATH (Enter only	y one couse per	line far to), (b), an	d (c).)	\ 1			BETWEEN	MATE INTERVA
PART I. DEATH	I WAS CAUSED		Intra	cere	but then	mar happ		1	7 h
190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
<u> </u>						YES NOW		YING CAUSES	OF DEATH
210. ACCIDENT WAS		216. TIME O		AN MEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)	
	_	H HOUR A.	M. MONTH DA	AY YEAR					
OR CONTRIBUTION		21e PLACE		17					
OR CONTRIBUTION	URRED		OF INJURT		211. LOCATION				
OR CONTRIBUTING [(IF EITHER NOTIFY A 21d. INJURY OCC	WHILE		PEET, FACTORY OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STA
OR CONTRIBUTING [(IF EITHER NOTIFY N 21d. INJURY OCC WHILE NO AT WORK	WHILE	(AT HOME, STR	PEET, FACTORY OFFICE, F		STREET	city or 10		COUNTY	STA that (IV) we
OR CONTRIBUTING [WHILE WORK	(AT HOME, STR	e deceosed fram_	De	STREET	o lo Dec 1	7	19 86	that (I) (we
OR CONTRIBUTING [WHILE	(AT HOME, STR	e deceosed fram_	De 86 , on	STREET	o lo Dec 1	7	19 86	that (I (we causes state
OR CONTRIBUTING [(IF EITHER NOTIFY A 21d. INJURY OCC WHILE NO AT WORK NOT 220.1 certify that	WHILE WORK	(AT HOME, STR	e deceosed fram_	De 36, on	d that in (my Cour) opinion	deoth occurred on the de	te and hav	19_86, or and from the	that (I) (we causes state
OR CONTRIBUTING [IF EITHER NOTIFY A 21d. INJURY OCC WHITE NO AT WORK NO 270.1 certify that 270.1 certify that 270.5 CONTRIBUTING The dust	WHILE WORK (I) (this haspite and bit	(AT HOME, STR	e deceosed fram_	De 36, on	d that in (my Gour) opinian DEGREE ATTENDING PHYSICIAN	death occurred on the di	te and hav	19_86, or and from the	that (I (we causes state
OR CONTRIBUTING [(IF EITHER NOTIFY A 21d. INJURY OCC WHILE NO AT WORK NOT 220.1 certify that	WHILE WORK (I) (H) haspite and hash did and did not	(AT HOME, STR	e deceosed from 19 after death.	De 36, on	d that in (my Cour) opinion DEGREE ATTENDING PHYSICIAN [deoth occurred on the de	The and have	19_86_, or and from the 221. DATE	that (I) (we causes state
OR CONTRIBUTING [IF EITHER NOTIFY A 21d INJURY OCC WHILE AT WORK AT WO	(I) (H) hospite and of the did hid not	(AT HOME, STR	e decesed from	De 86, on	d that in (my Cour) opinion DEGREE ATTENDING PHYSICIAN [deoth occurred on the dideoth	The and have	19 86 r and from the	that (I) (we causes state
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OR CONTRIBUTING (IF EITHER NOTIFY A 21d. INJURY OCC WHITE AT WORK 220.1 certify that THE SIGNAL SEE THE PHYSICIANS 30 BURIAL, CREMATIC (SPECIFY)	(II (IK)s hospite of the state	(AT HOME STR Detended th Dec en the body Trerate 23b. DATE 12/22/	e deceased fram_17 19 after death.	De 86 on	d that in (my Cour) opinion DEGREE ATTENDING PHYSICIAN [The Union I	deoth occurred on the dideoth	ote and have	19 86 If and from the 27c. DATE 12 /	that (I) (we causes state SIGNED (7/8

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FLYSRAL DIRECTOR: After this certificate has been signed by the annual the detoched for use as the buriol-transit permit. Then please remove the State Dept. of Health and Mental Hygiene prior to buriol, cremain

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that

retained by the hospital or attending physician.

BP.

FOR

Black 12 46 1901 76

Downtle Pwt. Familian

delizer, Mariant Maryland Haltmore & 601 Myanoke Ave. Apt. 319 21201

Hrown Carrie Salitrore, Maryland Jennings BAMAL

214-28-6313 Helen a. Edwards 1113 Cullford avo. 21202

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	3	del	100	3	
BEC NO					

1	18	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	5 4 4	3 ?					
	1. DEC	CEASED NAME FIRST	WIDDLE	Į.	AST .	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR					
	TYPE	Pedro	Α.	Ca	ndelario	December 6,	1986	M					
	3. SE)		4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY		IF UNDER 24 HRS					
	/	Male	White		ust 2, 1924	62	YRS.	HOURS MIN.					
G	-	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR CO							
	Section 1	Jerto Rico	U.S.A.	WIDOWE		Baltimore C		MD.					
4	1	Baltimore		ur Hospit		(TYPE OF WORK FOR MOST OF WOR		tary					
5	1	Burgins and Park Street Street		nce before admission) or town n Burnie	13d INSIDE CITY LIMITS? YES NO X		. Marley H	21061 gts.					
2	V.L	edro	A. Cande	last	Alejandra	WE	Ruiz	т					
5	1600	VAC DECEASED EVED IN ITS A		AL SECURITY NO.	17 INFORMANT	ADDRESS	NUIZ						
	. 9	S. NO OR UNKNOWN) (IF YES G	18-68 581-	68-9029	Violeta A.	Candelario s	ame as 13	Section 1					
		18 CAUSE OF DEATH LEnter a PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which	nly ane cause per line (o) (a ED BY: ITE CAUSE (a) DUE TO, OR AS A	111	ge feval	Disease	APPROXI. BETWEENS	imate interval Onset and death					
	z	gave rise to immediate cause (a), stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPARTED THE TEMPLAL DIE ASE ON CONDITION GIVEN IN PART 1 to											
1	CERTIFICATION	THE DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		LIF YES, WERE FINDIN CERTIFYING CAUSES YES						
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM IB PART I OR PART 2]						
	MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY	1	211 LOCATION	CITY OR TOWN	COUNTY	STATE					
		22a.1 certify that (1) (this hasp	1 . 1	1006 01	nd hat in (my) (our) opinion	deoth occurred on the dole a	nd hour and from the	that (I) (we) last causes stoted					
		274 SIGNATURE	Com-		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE	SIGNED SO					
/		J. BELT	RAN		1940 W.	BALTIMORE	ST BALTI	0,2623					
		BURIAL, CREMATION, REMOVA SPECIEVA	23b. DATE 9 Dec. 86		ille Vet. Cem	Crownsvill	e Ä.Ä.	MĎ [™]					
		UNERAL DIRECTOR	ey Glen Burn	ADDRESS OLOGI	25a DAT	E REC'D. BY REGISTRAR 25h	REGISTRAR'S SIGNAT	URE					
		James S. Kirkle	ey Gien Burn	16 21001	PE	9	was browners.	Course of					

DHMH - 16 60M 7/B4 (VRA 15, 4)



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0-27856 DEC 23-66

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-			
	REG.	NO.	

- 8								KEG. 141	w.				
d		CEASED NAME FIRST	i i	AST		20 DATE OF DEATH	MONIH	OAY 1					
	11112	MEYER				NTOR			15	36	110	V M	
1	3. SEX					OF BIRTH	6	6. AGE (IN YEARS LAST BIR	IF UNDER		IF UNDER		
		MALE WHITE			MONTH	25	1910	76	YRS	MON1HS	DAYS	HOURS	MIN.
	70 BIR	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	- D NEVER W	XXX	BALTIMORE CITY O			TH		
	C	PENNSYLVANIA		U.S.A.	WIDOWE	D L NEVER M	ORCED	CIT	4	OF BAI	LTIM	ORE	MD.
7	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NUR		OR OTHER INST		12a USUAL OCCUPATI				BUSIN	ESS OR
10		Balt.	S	NA GIVE STR	1485	P		SALESMAN	P WORKING			AL N	MDSE.
d	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136. COUN		GIVE RESIDENCE BEF		113d INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	ZIP CO	DF			
2		MARYLAND	District State of the State of	BALTI		YES X	NO 🗌	6610 EBER	LE DI	R., AP	Г. 3	303(21215
	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	E MIDDLE					
		RABBI HAF		CANT	OR		DORA	MIDDLE		ADI	ELMA	N	
		AS DECEASED EVER IN U.S. AR		166 SOCIAL SE	CURITY NO.	17 INFORMAL	VĪ	ADDRE	SS	21:	215		
	{Y	NO OR UNKNOWN) (IF YES, GIV	E WAR OR GATES)	215-07	GERTRU!	DE CANTOR .	3601	FORDS	S LA	.,A	PT106		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per	line far (a), (b),	and icit			- 11			APPROXIA	MATE INTE	RVAL DEATH
4	- and		E CAUSE (o)	Meta	state	· Co	- 01	Bladd	en				
1		DUE TO, OR AS A CONSEQUENCE OF											
4		Conditions, if any, which	((b)										
4		gave rise to immediate cause (a), stating the	R AS A CONSEC	QUENCE OF									
d		underlying cause last.	(c)_								15	11.11	
	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN										10	
	CERTIFICATION							150 111505	F to 100 to 1				
P	CA	190. DATE OF OPERATION	196 COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?		TIFYING C			
	RT							YES NO		YES		NO [
	_	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA) 216. TIME O	M. MONTH	DAY YEAR	21c. HOW IN.	JURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 1	B PART I OR P	ART 2)		
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.	-	19								
	MEDICAL	21d. INJURY OCCURRED		E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET			N	CUY OR TOWN COUNTY			S	STATE	
	~	AT WORK NOT WHITE			1016 17			1 1			200		
	13	22a.l certify that (1) (this hospit	/-	e deceased from	7/2/	X19pt	. 19 10	_, to		19_0	100	hot (I) (we) last
6	36	saw the deceased alive on abave, (1) (we) (did) (did na	t) view the body	after death	O Cor	nd that in (my)	(our) opinion de	eath occurred an the de	ate and h	our and fro	ım the c	auses st	ated
		226. SIGNATURE		M		DEGREE	TTELIDINIO			220.	DATE	GNED	A,
		12. Rener	TTENDING HYSICIAN	MEDICAL STAI			10	17/	06.				
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS	. [] 4	110-	0				
		K. KEKH	EN .			2	INAI	(10)3	Y				
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE					23d. LOCATION CITY OR TOWN		COUNT	Y		STATE
		BURIAL	12/16/	86 I	EGEL I	SRAEL C		LANCAST			100	PA.	
	24. FU	INERAL DIRECTOR SOL I	EVINSON	E BROS	INC.			REC'D. BY REGISTRAR	25b. REG	ISTRAR'S S	GNATI	JRE ,	265
	60	10 REISTERSTOWN	N RD. BA	LIU, MD	21215		DEC	C 1 9 1986	fine	ia alunc	6.022000	Charling.	

DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other traumatisms

E. masen 829730 Market Charles 34 6 . 1916

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If Hem ? Dept.

MPORTANT:

death

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👸

REG. N	0.				
2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	R
	12	29	96	51	258M
6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS	R 1 YEAR DAYS	IF UNDER	24 HRS MIN.
86	YRS.				
9 BALTIMORE CITY C		Y OF DE	ATH		
Baltin			X		MD.
120 USUAL OCCUPAT	F WORKING		USTRY	F BUSINE	SS OR
Homema	. Ket				
13e.STREET ADDRESS				0100	20
4518 01d C	ourt	Rd.		2120)8
WIDDLE			Sha	-	
Maude	CCC 20 41				0300
					.2120
Leizure,451	8 010	LO			
		-	ETWEEN	MATE INTER	DEATH
		-			
		-			
moned					
MINAL DISEASE OR CON	DITIONG	IVEN IN I	PART 110		
20a. AUTOPSY?				IGS USED	
YES NO		ES [AUSES	NO [] .
RRED (ENTER NATURE OF INJU	RY IN ITEM 18	PAR1 I OR	PART 2)		

- STATE CERTIFICATE OF DEATH **O TREGISTRAR** DECEASED NAME MIDDLE LAST FIRST LTYPE OR PRINTE Juanita Н. Carpenter 4 RACE 5. DATE OF BIRTH 3. SEX MONTH DAY YEAR temale BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S. A. W.VA. WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore City The Union Memorial Hospital SUAL RESIDENCE (IF NURSING HOME, OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

0. STATE , 136 COUNTY 137. CITY OR TOWN 13d. INSIDE CITY LIMITS' Balto. Pikesville YES T NOT 14 FATHER'S NAME 15. MOTHER'S MAIDEN MIDDLE LAST Bessie B. Hostettler Albert 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Mrs.Nancv C 217-34-3808 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate couse (a), stating underlying couse lost. CERTIFICATION 9a. DATE OF OPERATION CONDITION FOR WHIC 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 86 220 I certify that (I) (this harpital) attended the deceased from, end that in (my) (autopinion death accurred on the date and hour and from the causes stated saw the deceased alive an above, (1) (did) (detail view the body after death 77h SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Balto.

John W. Bowie, M.D.

The Union Memorial Hospital

230. 8URIAL, CREMATION, REMOVAL Burial

23b. DATE 1/2/87

23c NAME OF CEMETERY OR CREMATORY Dulaney Valley Mem.Gds

23d, LOCATION Lutherville

Md.

24 FUNERAL DIRECTOR

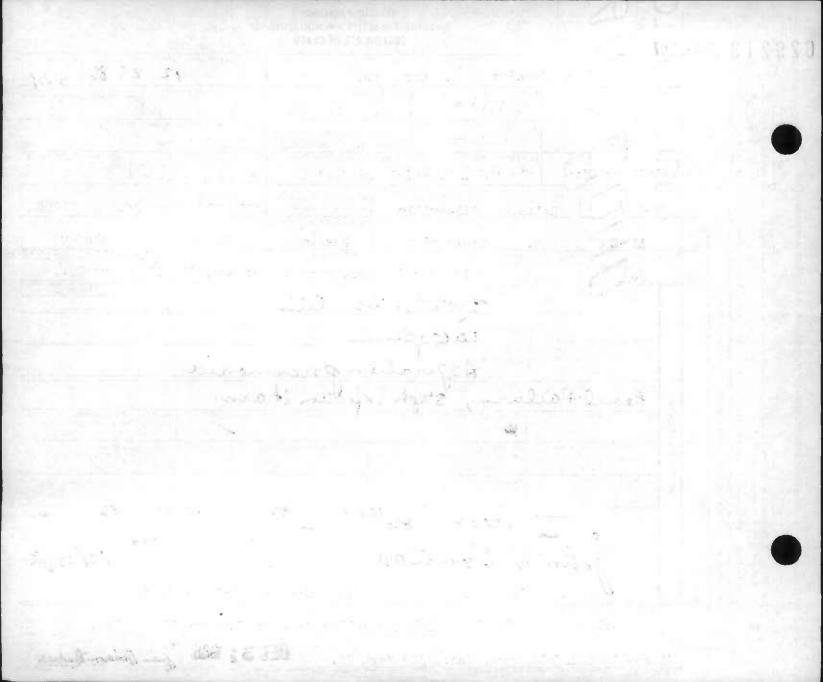
FOR

Mitchell-Wiedefeld Home, Inc., 6500 York Rd.

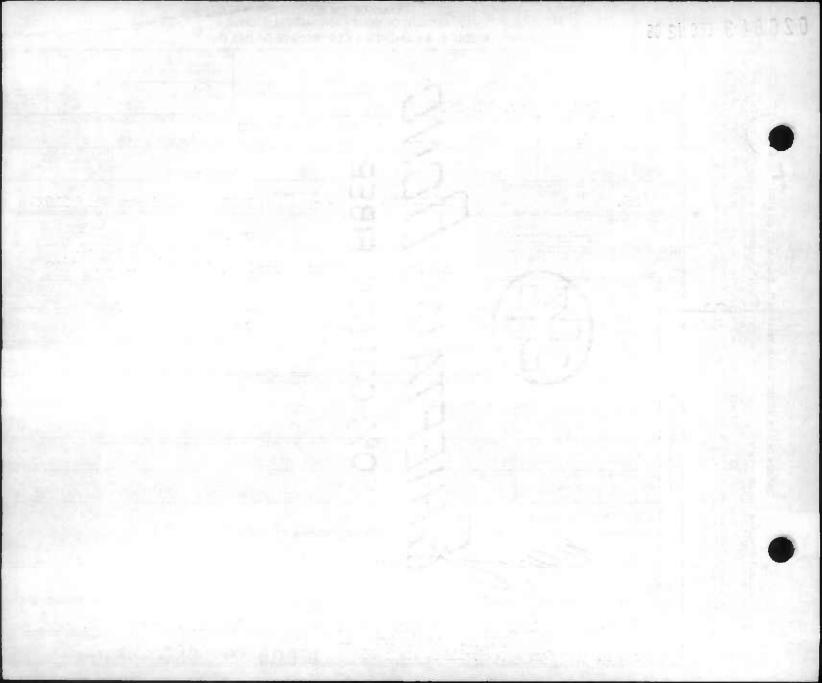
250, DATE REC'D. 8Y REGISTRAR 25b, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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02684	2 050	10	FOR		D			AND MENTAL	HYGIENE,	6	7 .1	3 4	1
02004	J DEL	117	REGISTRAR		MED	ICAL EXAMI	NER'S	ERTIFICATE	OF DEATH	REG. NO	3 4	La Mi	ford Joh
	- 1		CEASED NAME E OR PRINT)	FIRST		MIDDLE	9	LAST	2a DA	TE KNOWN (7)	MONTH D	DAY YEAR 7	26 HOUR
22.50	EL RS.	(110	CORPRINT	Cour	tney	В.	(Carroll		F ESTI-	12	1 19 86	М
90	E SE	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN			ATE DUNCED	MONTH		2d HOUR
DIR.	N 22	Ma.		Black		1936 49	YRS.	DATS HOURS	D	EAD	12	19861	7:15P
ESS	TESTO A	7a. BI FO	RTHPLACE (ST REIGN COUNTRY)	ATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8. MARR	ED NEVER MAR	RIEDXX 9. BAL	TIMORE CITY OF	COUNTY	OF DEATH	
S S S S S S S S S S S S S S S S S S S	ED, WITHIN 72 HOURS W. PRESTON STREET,			Md.	USA		WIDOW		Du	timore (MD
N N N N N N N N N N N N N N N N N N N			TY OR TOWN ((IF NOT IN SUCH FACI	ITAL, NURSING HOLLITY, GIVE STREET ADDRESS)	ER INSTITUTION	FOR MOST OF	CUPATION (TYPE WORKING LIFE)	OF WORK 17b	OR INDUSTRY	
7	200		Baltimo		Unive	rsity Hos	pital		Land	scape			
F ANY DELAY IS N. AND STORY IS	2 SHOULD BE	13a. S		13b COL	INTY	Baltinor		134. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET AD	. Baltin	nore St	t./ 212	23
0 00	2017	14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
SRE, M DEATH. BES 1,	120				Carroll				Dora Hol				
ALTIMORE, AFTER DEATH	PAGES (A		ES, NO, OR UNKNO		VE WAR OR DATES)	166 SOCIAL SECUR	ITY NO.	17 INFORMANT		212ADSRESSI	oudon	Ave.	
00	DIVISION		No			unknown		Laura Car	roll (si	ster)Bal	t. Ma		
HOURS M 18.	E.D.		18 CAUSE OF	ATH WAS CALLS	only ane cause per line fi SED BY:		C				-	APPROXIMATE IN	AND DEATH
ON 24 H	VAL SER			IMMEDI	IATE CAUSE (0) Sta	S A CONSEQUENC		3t					
PRESTON ITHIN 24 H CIL IN ITEN	L HY			s, if any, which	ch								
W W	OR A RA	H.	couse (o)	e to immedia stating the unde		S A CONSEQUENC	OF						
201 W.	ON,		lying cou	se lost.	(c)								
RECORDS,	FORWARDED TO THE CHIEF MEDICAL EXAMINER ALLONG W THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D NND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIG	GNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TE	RMINAL DISEAS	OR CONDITION GIVEN IN P	'ART 1 (a)	-			
0 200	AALTH CREV	MEDICAL CERTIFICATION											
VITAL RESHOULD	SED FEE	CAI	19a DATE OF	OPERATION	196. CONDITI	ON FOR WHICH OP	ERATION W	AS PERFORMED?			2	2D AUTOPSY?	
VIT	T ROLL	RTIF	21a EXTERNA	L CAUSE WAS	21h TIME OF I	NILIPY	121. 12	OW INJURY OCCURR	DED ASSISTED MAYING	NE SALINARY IN LIVE . 30 S.		41	NO [
DIVISION OF VITAL S CERTIFICATE SHOU	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	NI CE	LINDERLYING	X OR		MONTH DAY YE				P INJURI IN HEM 18 P	KRI I OK PAKI 2)		
SIO NG 1	SHORE	DIC/	21d. INJURY C		F DEATH 6: 46 P.M.	12 1 19 FINJURY (AT HOME,		ubject sta	ubbea				
DIV BISCE	SOL P	ME	WHILE AT WORK	NOT WHILE		RY, FARM, ETC.)	19	reet 21 W. Balt		R TOWN	MOTO (City, M	STATE
1 H	STA STA), 21	111						N/					
EXAMINER:	PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		death resulte		turol couses .		Autap	Momicide X	on , Inqu		І іп ту оріпіс	on .	
EXAM	ARYI ARYI		deally resulte	1	lolor cooses	Accident L.J.	sorcide	TITLE (SPECIFY)	Onderermine	monner,			
# T	A H		ACTUAL SIGNATURE_	100	line	fr		D. Assistan	ntMEDICALE	KAMINER	DATE SIGNED_	12/2/8	6
MEDICAL E	NEE A		EXAMINER'S	NIAME	Wi 116 a M	Zana M	D	1	11 Dann	Ct Dol	Lto Mi	D	
TO MEDIC	A SHE		(TYPE OR PRIN	VT)	Willam M.			ADDRESS	.11 Penn		lto, M	υ.	
¥ @ 2	8 × 4 2	23a.B	SPECIFY)	TION, REMOVAL		23c. NAME OF C			23d. LOCATIO	4	COUNTY	STAT	TE
07/84 BP_ 25M	7.4	24 F	Buri	Ial IOR	12-8-86	Hopkins	Ceme	tery 1250 DATE	Highla REC'D. BY REGIS	and, Howa	ard, M	d.	
	MH - 17 15 ME (5))		NAME			. Washingt ille, MD :		OCO/O	0 1986	. O. K . a	33101	ANONE	
(VK A	12 WE (2))	-	eorde 1	R. Snowd	ien rockv.	rite, In .	20000	UELO	0 1000 4	WE DANGE	-A-Mand	6,52	



W-	5 8	7.00					E OF MARYLAND	8.78	~~;	1 1	
	1.	- STATE			DEPARTI		HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 5 O	0	Morris Land	
		REGISTRAR						REG. N			
		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
		ELAH				Car	10//		12/28	86	PM
	3. SE	x	4	RACE		S. DATE		6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
		F		Bla	ck	MONT	12 09	77	YRS	NTHS DAYS	HOURS MIN.
9		IRTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
20		Virgini	a	USA		WIDOWI		BAT.	cita		MD.
100	10 C	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESS OR
and a		Baltimore		5	nai H	2501	Tal	KPHITE U	JF WORKING LIFE)	INDUSTRY	
36	13a. S	AL RESIDENCE (IF NURS	13b. COUNT	Υ	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS)		21217
Planet P	14 F 4	MI) ATHER'S NAME	MARINE C	15			YES 🔀 NO 🗌	1796 (a)	North	AVE	, 21211
	14.17	Chicago	M	DOLE	Hender:	icks	Alice	WIDDLE	S	tudiva	n
,		WAS DECEASED EVER			16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS		
1	,	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	228-54-8	8823	Shirley Ivy	1946 W. N	orth Av	enue	
		18. CAUSE OF DEAT	H (Enter only	one couse per	r line for (o), (b), on	id (c).)				APPROXIM BETWEEN O	NATE INTERVAL
		PART I. DE ATH W			Ca. Aic	~~~ 1.	cotors -offer	-			
4	-		IMMEDIATE			1	10.00	20			
		6 - 12 - 7	1.1	DUE TO, O	R AS A CONSEQUI		,				
		Conditions, if ony, gove rise to imm	nediote	(b)_	25/110	271.70	parmania				
		couse (o), statin		DUE TO, O	R AS A CONSEQUI	ENCE OF					
				(c)							
	Z	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS <u>Co</u>	ONTRIBUTING TO I	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 1:0	
7	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, V	VERE FINDING	GS USED
/	FE							YES TI NOW	IN CERTIFYIN	NG CAUSES O	OF DEATH?
70	E	21a. ACCIDENT WAS UN	DERLYING	21b. TIME C			21c HOW INJURY OCCUR	74			
4		OR CONTRIBUTING			M. MONTH D						
1	MEDICAL	(IF EITHER, NOTIFY MEDI 21d, INJURY OCCUR		21e PLACE	OF IN HURY	19	211. LOCATION				
	ME	WHILE NOT WE	HILE -	(AT HOME ST	REET, FACTORY OFFICE, F	FARM, ETC }	STREET	CITY OR TO)WN	COUNTY	STATE
		22a I certify that	(this hospito	I) ottended th	ne deceased from_		, 17	9510 12/	2 9 . 19.		hat (We) lost
		sow the deceose obove, (1) (we) (s	ed olive on_	Tow the hady	28 19_	06.0	nd that ir (my) (our) opinion	deoth occurred on the o	ote and hour or	nd from the co	ouses stoted
,		226. SIGNATURE	/ /	view inc body	Offer deoffi.		DEGREE			22c. DATE S	IGNED
		1	1/4	0	961	92	MD ATTENDING PHYSICIAN	MEDICAL STA		121	halm.
1		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)		V	22e. ADDRESS	J DINECTOR PHILIS	S ICH S LOS	1	1200
1		BAR	14 1	NerTI	holmer		5847 1	Westeln	Run X	200	BAIT. M
	23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1.000		- , , ,
		(SPECIFY) Bur		1/2/8			pe Bapt Ch Cer	CITY OR TOWAL	dge	OUNTY	VAATE
				1/4/0)/	04 110	po sapo on oci		5		

1101 E. North Ave.

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

JAN 2 1987 Julia Director Randors

DHMH - 16 60M 7/84 (VRA 15, 4)

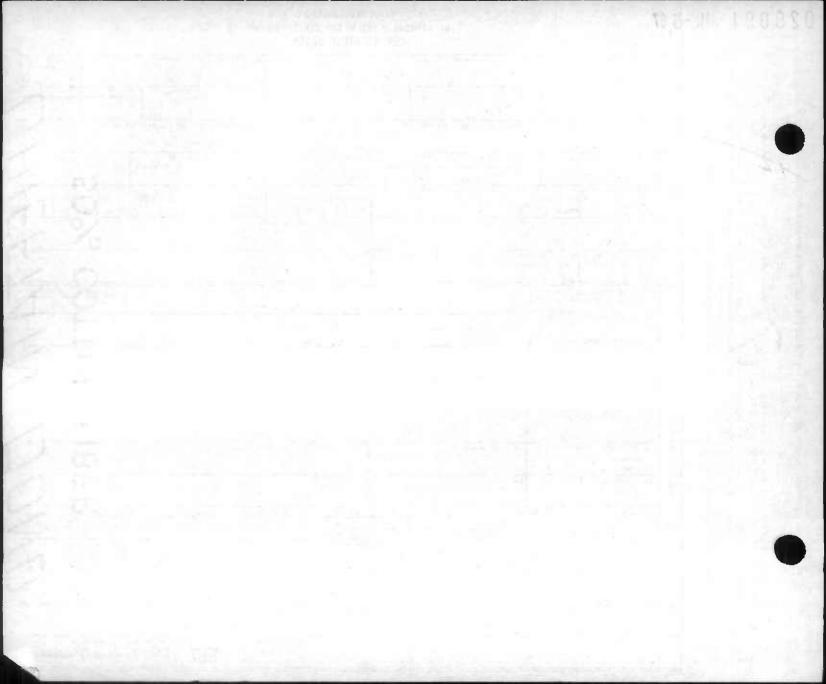
BP.

Wm. C. Mar

March F/H, Inc.

1/2/87

should be detached for use as the burial-transit permit. Then please remays corbon with the State Dept. of Health and Mental Hygrene prior to burial, cremation, or rem



ESSONE FROM THE

STATE OF MARYLAND

DEPA	RTMENT OF HEALTH AND MENTAL HYG	HENE	0	0	5	maj	in the	40
	CERTIFICATE OF DEATH		RE	EG. NO.				
DDIE (F.)(PALMER-MAYS)	20 DA	TE OF DE A	ATH MONTH	OAY	YEAR	26. HOUR	-
E	CARROLL		12		6	86	42	AM
	5 DATE OF BIRTH	6. AGE	(IN YEARS	AST BIRTHDAY	IF to	NOER 1 YEAR	IF UNDER 24	HRS

		CEASED NAME FIRST (JO	AN) M	IDDLE (E) (PALM	E'R-MAYS)	20 DATE OF DEATH MONTH	OAY YEAR 26. HOL	JR
	(IIII)	2 JOAN		F	C	ARROLL	12	686 4-	AM
	3. SEX	4.6	RACE	2	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS	MIN.
	7a B16	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF W	VHAT COUNTRY?	8	7 70	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
	- 0	OnMD	USA		WIDOWE		BALTTA	ORE CITY	MD.
1		MD	(IF NOT IN SUCH	FACILITY, GIVE STREET A	CO (ROTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORK	(ING LIFE) INDUSTRY	ESS OR
100	130. S	AL RESIDENCE (IF NURS) TATE MD		BALT O		136. INSIDE CITY LIMITS? YES NO		EPPE RD. 21215	5
3		THER'S NAME FIRST OSEPH W. I	DIE (CARR'O'LL	, SR	ELEANOR	WE	HOWELL	
		VAS DECEASED EVER IN U.S. ARMEI		166 SOCIAL SECUI 2135273:		JOSEPH W	CARROLL 3700	CHATHAM R	D .
		18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B	Υ:	liniviaria (b), one	atr	ry crust		APPRÖXIMATE INTE BETWEEN ONSET AND	RVAL D DEATH
	7	Conditions, if ony, which	DUE TO, OR	AS ACT SEQUE	NCE OF	tion -	Julmona	ay .	
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUE	NE OF	in -	myorande	at failis	
	NOI	PART 2 OTHER SIGNIFICANT CON	NDITIONS <u>CO</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITIO	N GIVEN IN PART TO	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA' YES \rightarrow NO [TH?
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	216. TIME OF HOUR A.M P.M	A. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M IB PART I OR PART 2)	
2	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
4		220 I certify that (I) (this hospital) sow the deceased alive on above, (I) (we) (did) (did not) vi		19_		d that in (my) (our) opinion	, todeoth occurred on the dote on	d hour and from the causes st	
		226. SIGNATURE	5/41	and)	(DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [224 DATE SIGNED	
		22d. PHYSICIAN'S NAME STYPE ORPR	Tel	This	XY M	22e. ADDRESS 5749	NFALty Are	sello 110	2162

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

STATE

24 FUNERAL DIRECTOR

ADDRESS

250 DATE REC'D. BY REGISTRAR'251, REGISTRAR'S SIGNATURE

MARCE FUNERAL HOME 1101

NORTH

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DE 0 3' केंद्र केंद्र

G	EOR STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

	6.00				
0	0	aling.	60 LO)	Series S	

DEC 15 1986 Julia Scriden Par

Julia Dirideon Pandall

1 DE	REGISTRAR		CEICITI	ICATE OF DEATH	REG. NO	7		
	CEASED NAME FIRST	MIDDLE	1.	AST	20. DATE OF DEATH	MONTH DAY		2b HOUR
11	LEROY	(DANIEL)	CAI	RTER (SR.)	DECEMBER	12, 1	986	7:25
3. SE	x M	4 RACE B	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTY USA	RY? 8 MARRIE! WIDO WE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O BALTIMORI	_		M
1000	ITY OR TOWN OF DEATH ALTIMORE	11. NAME OF HOSPITAL, NUE JOHNS HOPKIN			120. USUAL OCCUPATION		12b. KIND OI INDUSTRY	F BUSINESS O
130,5	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BE JNTY 13c. FITX ORT		13d INSIDE CITY LIMITS?	13. SI REEL ADDRESS R	₹ ¥ L Cobe Λ	E 21	205
14 FA	ELVIN	MIDDLE CAR THE	lR	15. MOTHER'S MAIDEN NA ELTZ	WE		ALLE	Ţ
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL S GIVE WAR OR DATES)	ECURITY NO.	BLANCHE C.	ARTER 2620	BERY	L AVE	212
	PART I. DEATH WAS CAUS	anly one cause per line for (a), (b) SED BY: ATE CAUSE (a)	, and (c).)	tone avv				2 WILL
	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF	J Mania	- 5 -			Smi
		(0)					INIDADT 1	
CATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING			20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	IGS USED
TIFICATION							VERE FINDIN	IGS USED
CAL CERTIFICATION		196 CONDITION FOR WH	IICH OPERATIOI		20a AUTOPSY?	20b. IF YES, V IN CERTIFYIF YES	VERE FINDIN NG CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	196 CONDITION FOR WH	DAY YEAR	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, V IN CERTIFYIN YES I	VERE FINDIN NG CAUSES	IGS USED OF DEATH?
	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDIC AL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK 22a Certify that (1) (this has sow the deceased alive of	216. TIME OF INJURY HOUR A.M. MONTH P.M. 210. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFF	DAY YEAR 19 ICE, FARM, ETC)	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TO	206. IF YES, V IN CERTIFY IF YES ITY IN ITEM 18 PART	VERE FINDING CAUSES I OR PART 2) COUNTY	IGS USED OF DEATH? NO STATE

MCRTH AVE

1101 E

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR

MARCH FUNFRAL HOME

BP.

(VRA 15, 4)

pletely filled in by the funeral director, page 3 and 2 should be fijed within 72 hours after death

STATE OF MARYLAND

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- 6	3	

3424

	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 4 2 4 1
	DECEASED NAME PRINT) WORM	AN	CARten	12/1486	DAY YEAR 26. HOUR
3. 9	SEX M	RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
7530.	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	
10.	& allinae	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS) W	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	GLIFE) 126 KIND OF BUSINESS CO
130	STATE 13b. COLUMN			13e.STREET ADDRESS / ZIP CO	DE \$2121
7	FATHER'S NAME FIRST WINDOW MI	enker.	www with the state of the state	MIDDLE	ral in
160	WAS DECEASED EVER IN U.S. ARMI		14918 Berne	3 Sapler S	Bulod
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1-11/1-6	-CED RESPINATION	y ClisEASÉ	APPECIXMATE INTEVAL BETWEEN ONSET AND DEAT
)	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	CVO		
Z O		nditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	GIVEN IN PART 11a
Z	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO IN
2	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 19 21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM)	B PART I OR PART 2)
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	27a. I certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not)	16/12/19	, and that in (my) (aur) apinion	death occurred on the date and h	, 1926, that (I) (we) lo
	22b. SIGNATURE	inc On mo	DEGREE MU ATTENDING Y PHYSICIAN Y	MEDICAL STAFF DIRECTOR PHYSICIAN	12/13/86
1	22d PHYSICIAN'S NAME (TYPE OR P	RILOAVIS Y	9051BAY1	VATPILL ELM	d 21043
230	BURIAL CREMATION, REMOVAL	23b. DATE. (23c)	NAME OF CEMETERY OR CREMATORY	173d LOCATION	

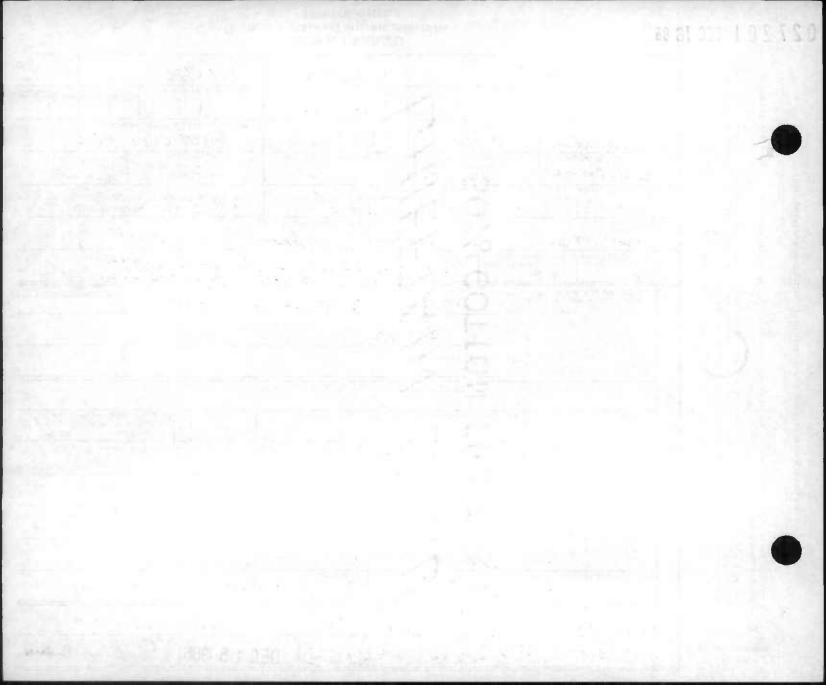
DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT If hem 21 is marked or should be detached for use or with the State Dept. of Health TO FUNERAL DIRECTOR.

retained by the hospital or otherwing physician

TO HOSPITAL

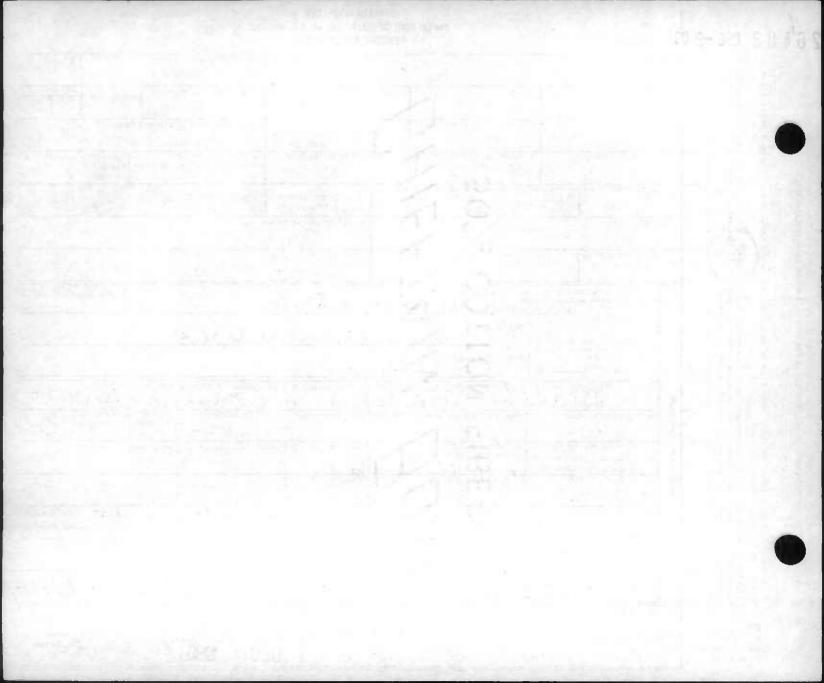
BY REGISTRAR 256 REGISTRAR'S SIGNATURE 5 1986 DEC 1



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31	AIL	Ur	ma	KIL	ANU	

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3 DEC -9 8	51.	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARTEARD TEALTH AND MENTAL HY TICATE OF DEATH	GIENE 8 6	3 4	2.	i 0
		CEASED NAME FIRE OR PRINTS		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
oy be		Sar	ah		C	ausion		12 3	86	M
E	3. SE		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT		ER TYEAR	IF UNDER 24 HRS
Poge 4 director. hours aft		Female	[31ack	MONT	10 02	84	YRS.	DAYS	HOURS MIN.
oth. Po	Je. B	IRTHPLACE (STATE OR FOREIC		OF WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED X	9. BALTIMORE CITY O	R COUNTY OF DI		-2160
e c		MD		JSA	WIDOWI	DIVORCED	Balti	more Cit	У	MD.
by the fur filed within	10. C	Baltimore	633	OF HOSPITAL, NURSI SUCH FACILITY, GIVE STREE N. AISQUIT	NG HOME (TADDRESS) N Stre	et #2K	12m USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		KIND OF DUSTRY	BUSINESS OR
filled in gold be must be	13a.	AL RESIDENCE HE NURSING H	OME OR OTHER INSTITU COUNTY	130 CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES [X] NO [130 STREET ADDRESS /	ZIP COPE quith St	. #2	< 21202
withing and within	14. F/	ATHER'S NAME FIRST UNKN	MIDDLE			15. MOTHER'S MAIDEN NAME FIRST UNK n			LAST	
3 679		WAS DECEASED EVER IN U			URITY NO.	17 INFORMANT	ADDRE	SS		
e e e	-	YES, NO OR UNKNOWN) (#F	YES, GIVE WAR OR DATE	N/A		Lee Douglas	, Jr. 1400 0			
equires that the death certificate in signed by the attending physical then please remove carbon paper to burial, cremation, or removal. Injury, or other troumotic event, the	No	Conditions, if any, whi gove rise to immedic cause (o), stating t underlying cause la	DUE TO ch he st. (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	D, OR AS A CONSIDE D, OR AS A CONSEQUENCE	JENCE OF AOD C JENGE OF	0	A C V A			IATE INTERVAL SET AND DEATH
n. no been no been no been no bermit.	CERTIFICATION	19a DATE OF OPERATION	19b CO	NDITION FOR WHICH	HOPERATIO	N WAS PERFORMED	200 AUTOPSY?	20%. IF YES, WERI IN CERTIFYING YES	FINDING	GS USED DF DEATH?
SICIAN: The graph physicion physicion physicion priol-tronsit priol-tronsit priol physical ph		21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR	A.M. MONTH D	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR		PARI 2)	
offending offending offer this of the bund Me hond Merked or 1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY E, STREET, FACTORY, OFFICE	FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	vn co	UNTY	STATE
HOSPITAL OR ATTENDING PHYSICIAN; uned by the hospital or ottending phys. FUNERAL DIRECTOR, After this certificated be detached for use as the buriol-trant hithe State Dept. of Health and Mental HypORTANT; if them 21 is marked or them 18		220.1 certify that (I) (this saw the deceased all above, (I) (we) (did) (ve on Nov	- 20 19	111	nd that in (my) (aur) opiniar	death occurred on the da	te and hour and f		at (I) (we) last
y the hospy the hospy the hospy the hospy detoched tote Dept.		226 SIGNATURE	a 2	1	A		MEDICAL STAF	F	DATE S	GNED
TO HOSPITAL etoined by the TO FUNERAL Should be det with the Store MPORTANT:		Aldo 1	Z Z	MD		1000 C	all L	7. Bal	1/0 /	ded 21202
BP		BURIAL, CREMATION, REMO Burial				emetery or crematory on AME Cemet		COUN		WQ.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR WM I C. March	F/H, IN	c. 1101°Es.	North	Ave. 250. DA	EC 8 1986	gulia Dura	GNATU	indass



DHMH - 16 60M 7/84

(VRA 15, 4)

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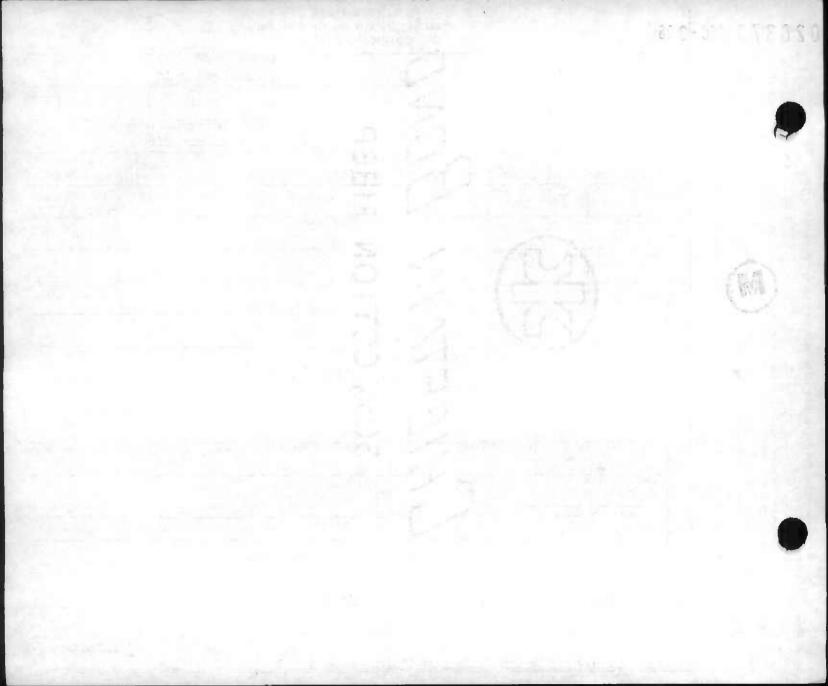
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STATE OF MARTENIES		STATE	OF MAR	YLAND
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EC-	91 8	FOR STATE REGISTRAR		DEPA		CATE OF DEATH	REG. NO	3	4 6	, in den
		CEASED NAME FIRST		AIDDLE	į,	ST	To british or bearing		DAY YEAR	2b. HOUR
		Eunic	e	C	handler		December 2, 1986			12:25P _M
	3. SE.	× FF	4 RACE B		5. DATE C MONTH	F BIRTH DAY YEAR 3-21	6 AGE (IN YEARS LAST BIR	THDAY)	WONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
70		IRTHPLACE (STATE OR FOREIGN COUNTRY) Shboro, N.Car	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY		MD.
48		ITY OR TOWN OF DEATH Baltimore	Mary_	h FACILITY, GIVE ST Land Ge	neral H	ROTHER INSTITUTION OSpital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O domesti	F WORKING LIF		OF BUSINESS OR
	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 138 COUN		GIVE RESIDENCE B 136. CITY OR T Balto	NWO	13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS / 839 N. At			. 21229
lico exomin	16a V	Henry T. Chr		16b SOCIALS	ECURITY NO.	FIRST	ha Spence:	<u>C</u>	LAS	т
med	- (no no na	E WAR OR DATES)	237-0	7-8451	Myra Lync	h 839 N.	Agust	a Ave	
vent, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per			est - Hypokal			BETWEEN	MATE INTERVAL ONSET AND DEATH
njury, or other trou	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2: OTHER SIGNIFICANT C	(c)_		ouence of nced Rh	eumatoid Arth		DITION GIV	EN IN PART 1:0	D
Sws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WH	IICH OPERATIOI	N WAS PERFORMED	200 AUTOPSY? YES NOW	IN CERTIF	, WERE FINDIN YING CAUSES S	
lem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	ART OR PART 2)	
rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY LEET EACTORY OFF	FICE FARM ETC)	211 LOCATION STREET	CITY OR TO	wĸ	COUNTY	STATE
21 is mo		220.1 certify that (X (this hospi sow the deceased alive on above, (X (we) (did) (X (X X	December	e deceased from	om <u>Octob</u> 9 86 on	er 14, 19 8 d that in XX (our) opinion	6 to December death occurred on the de	r 2, ote and hou	19 <u>86</u> , r ond from the	that X (we) lost couses stated
ZT. If them		226. SIGNATURE Sonal 1	form of	· W	>	ATTENDING PHYSICIAN [MEDICAL STAP	F	12, Z	SIGNED
MPORTANT: IF		22d PHYSICIAN'S NAME (TYPE O		D.		22e ADDRESS C/O Marylar	nd General H	ospit	al .	
_		BURIAL, CREMATION, REMOVAL (SPECIEY) Burial	23b. DATE 12/	6/86		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	o. Mc	COUNTY	STATE
A 7/84 4)		UNERAL DIRECTOR	4600	T.i ber			E REC D. BY REGISTRAR 1986	251 REGIST	PAR'S SIGNA	PREJARRA

Leroy O. Dyett 4600 Liberty Heights



FOR - STATE DEGISTRAR

POECEASED NAME

Female

BALTIMORE

Maryland 14 FATHER'S NAME

Robert

YES, NO OR UNKNOWN) no

TO BIRTHPLACE I STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130) STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES

Conditions, if any, which

gave rise to immediate couse (o), stoting

underlying couse

190 DATE OF OPERATION

Burial

CERTIFICATION

MEDICAL

18 CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY:

PART 2. OTHER SIGNIFICANT CONDITIONS

Maryland 10. CITY OR TOWN OF DEATH

3 SEX

FIRST **AMBER**

4 RACE

MIDDLE

Lee

IMMEDIATE CAUSE (a)_

7b. CITIZEN O

	DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	6 REG.			4 2	5	J
A	AIDDLE	ı	AST	2a. DATE OI	DEATH	MONTH	DAY	YEAR	2h HOU	R
LEIG	GH	CHANE	Y	DECEM	BER	5, 198	36		6;3	9A M
race Whi	ite	5. DATE O	DAY YEAR	6 AGE (INY	EARS LAST	BIRTHDAY)	MONT	HS DAYS	IF UNDER HOURS	24 HRS MIN.
U.S.		WIDOWE G HOME C	D NEVER MARRIED DO DIVORCED DO DIVORCED DO OTHER INSTITUTION HOSPITAL	BALTI	MORE	CITY ATION TOF WORKING I	1	DEATH 2b. KIND O NDUSTRY	F BUSINE	MD.
DIE	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimo Crow	V	13d INSIDE CITY LIMITS? YES NOX 15. MOTHER'S MAIDEN NA/ FIRST Lisa	3500	Eas			rd S Chan	r	1224
D FORCES? AR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT Clyde Benne	tt 35		E. Lo	omb	2	1224 St.	4
one cause per 3Y: CAUSE (a)	line for (a), (b), and SEPTICE							BETWEEN C	day,	DEATH
DUE TO, OF	AS A CONSEQUE		ENTEROCH	12171				11	days	
DUE TO, OF	PREMA		TY					24	days	_
196 CONDI	TION FOR WHICH	OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED NT BROCHOLITS	200 AUTO		20b. IF YE	ES, WE	N PART 110 ERE FINDIN G CAUSES	IGS USED	
21b. TIME O HOUR A.	FINJURY M. MONTH DA		21c HOW INJURY OCCURE	110			_	OR PART 2)		
21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC J	211 LOCATION STREET		CITY OR	TOWN		COUNTY	5	TATE
attended the	e deceased from_	11	26 , 19 86	, ta	12	-15	, 19_	86	that (1) (v	we) last

11/26/86	NECROTIZING EN	NT BROCHOLITIS	YES NO	YES	S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRED	ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)	
Id. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TO	wn COUNTY	STATE
T WORK NOT WHILE	(A. Tone, Street, Tactori, Street, Talin, Etc.)				
2a I certify that (I) (this hospital) saw the deceased alive an obove, (I) (we) (did) (did nat) vi	12/5 19 86 an	26 , 19 86 nd that in (my) (aur) apinion dec	ta 12-/		, that (1) (we) e couses stated
2b. SIGNATURE		DEGREE			E SIGNED
Dansets	Mp		MEDICAL STAF	121 DANS	5/86

22e ADDRESS

Oak Lawn Cemetery

BARRY J. BYRNE 23a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN Baltimore

Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

illÿ & Zeiler,Inc.1901 E stern Ave 24 FUNERAL DIRECTOR

1986

23b. DATE

Dec 8

BY REGISTRAR 270 REGISTRAR'S SIGNATURE

E-1-3/27/9/37/2 Committee Committee Co. 2. Linguistania y All the In Total

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE B	6	3	4	200	
		REG. N	10.			
LAST	2a. DATE C	OF DEATH	MONTH	DAY	YEAR	T

6009 DEC	-1	STATE REGISTRAR			CERTI	FICATE OF DEATH		REG. NO			-2
- 54		CHAEDNAME	FIRST	MIDDLE		LAST	2a. DAT	E OF DEATH	MONTH DA		2b. HOUR
4 6 6 6			EDWIN	Н.	CHA	ANEY, SR.			2 -	1-86	10:10
0 0	3. 58	×	4 RA	ACE	5. DATE	OF BIRTH		(IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 I
1 11 -2	P	MALE		WHITE	1		7	1	YRS	NINS DATS	HOURS
2 2200	70.3	HPLACE (STATEO	R FOREIGN 7b C	TITIZEN OF WHAT CO	UNTRY? 8		0 RAIT	MORE CITY OF		FDEATH	
1 0000	1	OUNTRY)	1.1	II C A	WIDOW	ED NEVER MARRIED		Bult. C	itt		
1 14	10.0	Maryland ITY OR TOWN OF D		U.S.A.	NURSING HOME	OR OTHER INSTITUTION	J In USL	JAL OCCUPATION	ON)	12b, KIND OI	BUSINESS
1 10 30		Baltimor	6	(IF NOT IN SUCH FACILITY, G	VOTI	rangland 10	S Car	work for wost of Dealer	WORKING LIFE)	Dealer	
11 72	1110.	STATE	1137 COUNTY	R INSTITUTION GIVE RESIDEN	OR TOWN	13d. INSIDE CITY LIMIT	TS? 13e.STRE	ET ADDRESS /	ZIP CODE		
1 172		laryland	A.A.	Lint	hicum	YES NO 🔀		Nurser	y Rd.	21090	
1 10 1/1	199	ATHER'S NAME	MIDDL	E	LAST	15. MOTHER'S MAIDE	NAME	MIDDLE	0	1 A S 1	
B 00/8/	V_{-}	Herber			chaney	Marga	ret			Wo	ods
1 2 2 3 7		WAS DECEASED EVE	R IN U.S. ARMED		IAL SECURITY NO.	17. INFORMANT	1.7	ADDRE	SS		
1 50 1	1	NO NO	(IF YES, GIVE WAR		-16-3367	Eleanor M	. Chane	v 203 N	urserv	Road	2109
2 31-4		-	TH (Enter only on			T Browner II	· Olionio	7 200 11			MATE INTERVA
2 10 1		PART I. DEATH		ne cause per line far (a	i'ac fai	0				BEIWEEN	NSE1 AND DE
1 dot 1	11		IMMEDIATE CA	AUSE (a)	color de	010					
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en signi Then y or to bu	NOIL	. A1	Zheiny	dislare	Col	on Cencer	v Go	astric	Car	ur	
he law br. has be t permit eve pro	CERTIFICATION	190 DATE OF OPER	ATION	196. CONDITION FOR	WHICH OPERATIO	DN WAS PERFORMED	20a A	NO NO		WERE FINDIN	
2 1 1 2 2 2	18	21a. ACCIDENT WAS U	NDERLYING	216. TIME OF INJURY		21c. HOW INJURY OC	CCURRED (ENT	ER NATURE OF INJUR	Y IN ITEM 18 PAR	I OR PART 2)	
書名 書名する	1 -57	OR CONTRIBUTING		HOUR A.M. MON	TH DAY YEAR						
2 0 0 0 0 M	MEDICAL	21d. INJURY OCCU		21e PLACE OF INJURY		211 LOCATION					
NG P	18	WHILE NOT A	ORK ORK	(AT HOME STREET FACTORY		STREET		CITY OR TOW	VN .	COUNTY	STAT
2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	1	,	-	attended the deceased	0 110111		, ta_	14	. 19		hat (1) (we
E	1	saw the deced above, (1) (we)	(did) (did nat) vie	w the bady after deat	19, c	nd that in (my) (aur) ap	inian death acc	urred an the da	te and haur a	nd fram the o	auses state
新一番	1	22b. SIGNATURE	A.	1 10		DEGREE				22c. DATE S	SIGNED
AL SHEET		Rad	M. Sim	~ Lewy		ATTENDII PHYSICIA	NG MEDIC	OR PHYSICI		17-	-86
THE STATE OF	1	22d. PHYSICIAN'S	AME TYPE OF PRIN	(II) (1)		22e ADDRESS		1			
TO HOSPI etanted b TO FUNE with the Si with the Si		Pa	logic 1	nc lahi	1	103	Norse	Ro	22)	. Gr	ene
	230	BURIAL, CREMATION	, REMOVAL 23	b. DATE		CEMETERY OR CREMAT	ORY 23d. L	OCATION CITY OR TOWN		COUNTY	STAI
BP			rial	12/5/86 *	Loudon	Park Maus.		timore			yland
DHMH - 16 60M 7/B4	24. F	UNERAL DIRECTOR			Dones	21 220	N READ.	BY BOOK AR	A REGISTA	R'S SIGNA	RE.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

	0
, MARYLAND 21201	2
b	9
uted within 24 hours after death. Page 4 may be	34
ampletely filled in by the funeral director, page 3 and 2 should be filled within 72 hours after death	2

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

FEMALE

Maryland

IS CITY OF TOWN OF DEATH

Baltimore USUAL RESIDENCE (IF NURSING HE

Jphn

IYES NO OR UNKNOWN)

16g WAS DECEASED EVER IN U.S. ARMED FOR

Conditions, if any, which

18 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:

TO BIRTHPLACE (STATE OR FOREIGN

3 SEX

13a. STATE

MD.

14 FATHER'S NAME

no

Margaret

NAM

7b. CITIZE!

HE CHECK THER INSTIT

MIDDLE

COUNTY

Balto.

Burke

LIE VES GIVE WAR OR OLD

IMMEDIATE CAUSE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATI	
MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
EDNA Chaney	12 29 86 J ₁ :30P ⁴
S. DATE OF BIRTH MONTH DAY YE	AR (IN YEARS LAST BIRTHOLAY) IF UNDER 1 YEAR IF UNDER 24 HRS
WHITE 8 9 1	75 YRS
ITIZEN OF WHAT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH
MARRIED ☐ NEVER MARRIE WIDOWED → DIVORCE	70 7 1 1
NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPATION 126, KIND OF BUSINESS OR
St. Agnes Hospital	Retired . INDUSTRY Housewife
R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	Retired Housewife
13d. CITY OR TOWN Arbutus 13d. INSIDE CITY LIM YES NO [00/000
15. MOTHER'S MAID	DEN NAME
E LAST FIRST	MIDDLE
FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	
OR GATES)	1941903 Adkins Rd.
- 577-347-432 Robt.	Chaney Laurel, Md. 20708
e cause por line for (a), (b), and (c).) (USE (a) ACUTE PULMON	JARY EDEMA BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	
DUE TO, OR AS A CONSEQUENCE OF	
(c)	
DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	F TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/2
3	THE THIRD OF THE STREET OF THE TOTAL

gave rise to immediate couse (a), stating the DUE T underlying cause last PART 2. OTHER SIGNIFICANT CONDITIO CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) extended the deceased from In (my) (aur) apinian death occurred on the date and hour and from the causes stated saw the deceased alive an above, (1) (we) (did) (did not) wew the bady after death

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR:

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should be deta with the State [MPORTANT:

haspital

BP.

and Mental Hygiene prior

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marked ar

If them 21 is

burial-transit per

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Buria1 24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

MEDICAL

STAFF

22c. DATE SIGNED

1/3/87 Prov.Meth.Cemetery Kemptown Sandy Spring Rd. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Fleck Funeral Home. Inc. Laurel, Md

ATTENDING

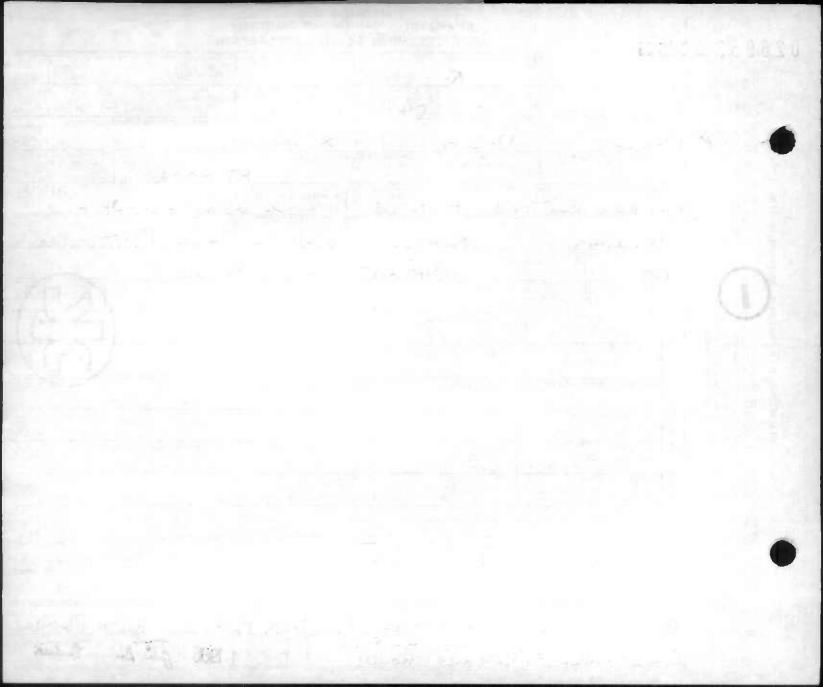
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MOE: 4 35 PRIST Venney NACE TOTAL TI G B SEINA TIC ytlD stocktist x x A2U Heltimore St. Agnes Hospital Berined Winter The Balto Committee a partition of the Committee and the Committee

1577-367-182 Root, Chamey Ill Lileres



STATE OF MARYLAND



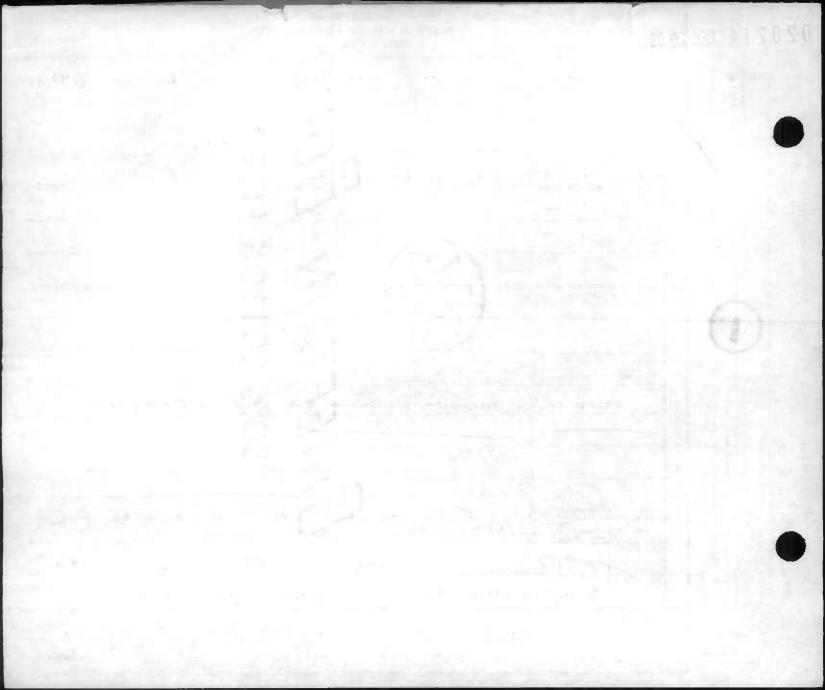
	10.00	STATE SECTION RAR FIRST	MIDOLE	CEKI	IFICATE OF DEATH	REG. NO.	AY YEAR 26 HOUR
page 3		CLAIRE	В.	CHIL	DRESS	12 28	1 12
s ofter o	3. SEX	emale	White		ine 2, 1923	6 AGE (IN YEARS LAST BIRTHOAY) 6 AGE (IN YEARS LAST BIRTHOAY) M YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
neral din		RTHPLACE (STATE OF FOREIGN arryland	76. CITIZEN OF WHAT U.S.A.	MARE	RIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF BALTIMORE CITY	OF DEATH MD
The with		LTIMORE	11. NAME OF HOSPIT (IF NOT IN SUCH FACILITY UNION MEMO		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CLETICAL	12b. KIND OF BUSINESS OR INDUSTRY Chessie Syste
may be		RESIDENCE (IF NURSING HOME OF TATE		SIDENCE BEFORE ADMISSIO	NI 13d INSIDE CITY LIMITS? YES X NO	136 STREET ADDRESS / ZIP CODE 1138 Falls Hill	21211 Drive Apt A2
Somine	14. FA	THER'S NAME William Stanl	ey Biscoe	LAST	Nola C	Chipley Chiple	LAST
medicol	16a. W	(AS DECEASED EVER IN U.S. A		OCIAL SECURITY NO 8 12 3806	Nola C. Bisc	coe Same	
other tro		gove rise to immediate cause (a), stating the)	CONSEQUENCE OF		ell ca of lung.	
The pur r to bur injury, ar	NOI	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIE	BUTING TO DEATH B	UT NOT RELATED TO THE TERM	winal disease or condition give	N IN PART 1:0
permit The property of the pro	RTIFICATION	PART 2 OTHER SIGNIFICANT	19b. CONDITION (FOR WHICH OPERAT	ion was performed	200 AUTOPSY? YES NO PYES	WERE FINDINGS USED ING CAUSES OF DEATH?
vs any injury,	EDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	216 PLACE OF INJU	FOR WHICH OPERAT IRY AONTH DAY YEA URY	211 LOCATION	200 AUTOPSY? YES NO PRINCERTIFY YES NO PRINCER NATURE OF INJURY IN ITEM 18 PAI	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO RELIGIOUS
Office One Area mas certificate has been signed of the day of the buriol-transit permit. The sept. 1 of Health and Mentol Hygiene prior to but them 21 is morked or Item 18 shows any injury.	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	216 TIME OF INJU HOUR A.M. N P.M. 21e PLACE OF INJ (AI HOME STREET, FACTOR)	FOR WHICH OPERAT IRY NONTH DAY YEA URY TORY OFFICE FARM ETC.	216 HOW INJURY OCCUR 216 LOCATION STREET 12 - 28 19 80 ond that in (my law) apinion DEGREE ATTENDING	200 AUTOPSY? YES NO PRED LENTER NATURE OF INJURY IN ITEM 18 PAI CITY OR TOWN CITY OR TOWN MEDICAL STAFF	WERE FINDINGS USED ING CAUSES OF DEATH? NO COUNTY STATE 9 6 thorough the couses stoted 224 DATE SIGNED
os been sig bermit The ne prior to bu ws any injury,	MEDICAL	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK Sow the dependence of the operation of the dependence of the operation of	19b. CONDITION (19b. CONDITI	FOR WHICH OPERAT IRY AONTH DAY YEA 19 URY 10RY OFFICE FARM ETC.] osed from osed from leath.	216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION DEGREE ATTENDING PHYSICIAN 228 ADDRESS	200 AUTOPSY? YES NO PRED YES NO PROPERTIES YES NO	WERE FINDINGS USED (ING CAUSES OF DEATH? NO (INCLUDED INCLUDED INC

02821

		AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

040	-0	REGISTRAR			CERTIF	ICATE OF DEATH	B O	NO.	- A	1.0	
		CEASED NAME FIRST		MIDDLE	į.	AST .	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
	(1177)	Clyc	le	Marshall		Childs, Sr.	12	13	86	645A	
	3 SE		4 RACE		5 DATE C		6 AGE (IN YEARS LAST)		IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Male	White	THE CITIZEN OF WHAT COUNTRY?		ary 23, 1913	73	NONTHS DAYS	HOURS MIN.		
28.	10. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF			NEVER MARRIED	9 BALTIMORE CITY	CITY OR COUNTY OF DEATH			
30		West Virginia	U.					Baltimore		M	
1/1		eltimore City	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Weighup	TOF WORKING LIFE	INDUSTRY	t Mfgr.	
4+	USU.	AL RESIDENCE (IF NURSING HOME O		nion Memor						t Migr.	
35	13a S	Md 13h COL		Baltimore		134 INSIDE CITY LIMITS?				1211	
		ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N					
0		James Childs	Misott	1831		Hattie Belle Tumblin				1	
1	16a V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECUI	RITY NO.	17 INFORMANT ADDRESS					
1	(VAS DECEASED EVER IN U.S. A	213 05 0469			Eva V. Childs, same					
-3		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)						BETWEEN	IMATÉ INTÉRVAL ONSET AND DEATH		
3		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiaguinona area									
		Conditions, if ony, which (16) Ischemice Cardion-popethy									
-		gove rise to immediate									
		couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF									
			(c)_								
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO COPD Science, Metalance Colon CA Melaid Metaplasia									
à C	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED				ERE FINDINGS USED G CAUSES OF DEATH?	
7	TE		_				YES NO	YES		NO T	
	CER	21a. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN.	JURY IN ITEM 18 PA	RT 1 OR PART 2)		
0	A	OR CONTRIBUTING CAUSE OF DE	ALL I	.M. MONTH DA							
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED		.M. OF INJURY	19	21f LOCATION					
1	ME	WHILE NOT WHILE AT WORK		REET FACTORY, OFFICE FA	ARM, ETC)	STREET	CITY OR I	IOWN	COUNTY	STATE	
									0.		
		22a certify that (I) (the haspital) attended the deceased from 1 1 1 7 19 96 to 12 / 18 19 86 that (I) (we) los									
		sow the deceased alive on 12/18 19 8C, and that in (my) our opinion death occurred on the date and hour and from the causes stated above, (Clyen) did into view the body after death.									
		226. SIGNATURE			(DEGREE			22c. DATE		
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/18/86								13/86	
		224 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS									
MPORTANT		5.0.	Trerot	ola no		The Union	Memorial H	ospital			
IMPOR		SURIAL, CREMATION, REMOVA			AME OF C	EMETERY OR CREMATORY					
	1	Burial	12/22	12/22/86 Crest Lawn Mem. Gardens Sykesville Howard, Md. STATE							
	24 FL	JNERAL DIRECTOR					TE REC'D. BY REGISTRA	R 256 REGISTR	AR'S SIGNAT	JURE .	
7/84	F	Burgee-Henss Fi	meral H	eral Home, 3631 Falls rd. 21211DEC 23 1986						andelle.	
4)	-			,			-0 40 1000	W.			



FOR

STATE OF MARYLAND

3	73	2	0
V.	Second Property lies	Same?	
-			

DEPART	WENT	OF HEALT	HAND	MENTAL	HY	GIENE	ŕ
MEDICAL	EXAM	INER'S	CERTI	FICATE	OF	DEATH	0

1		REGISTRAR		MED	DICAL EXAMI	NER'S	CERTIFICATE	OF DEA	TH REG. NO).		
1		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE KNOWN		DAY YEAR	26. HOUR
	(117)	E OR PRINT)	Charl	es		Chr	istian		OF ESTI-	12/	27/1986	M
	3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN)	EARS IF UT	NDER 1 YR. IF UNDE	R 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d HOUR
		male	black	5 10	1952 34	YRS.	HS DAYS HOURS	MIN.	PRONOUNCED DEAD	12/2	7/ 1986	12:03 a м
2		RTHPLACE (STA	ATÉ OR	76. CITIZEN OF WH	IAT COUNTRY?	8. MARR	IED NEVERMAR	RIED X	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
-			Md	USA			VED DIVOR	-	Baltimore	City	,	MD.
1	10. CI	TY OR TOWN C	OF DEATH		PITAL, NURSING HOA		HER INSTITUTION		JAL OCCUPATION (TYPE	OF WORK	OR INDUS	
_3		Balti	more		North Ave			, ok	WOOD OF WORKING EIE			
5	130. ST		IF IN NURSING HOME O		e residence before admis 13c CITY OR TOWN Baltimor		13d. INSIDE CITY LIMITS?	13e. STR	EET ADDRESS NOT	th A	2 Avenue	1216
		THER'S NAME					15. MOTHER'S MAIL	DEN NAME	MIDDLE		1467	
0	J	John		MIDDLE .	Christ	ian	Jean		MIDDLE		Johns	on
1	16a W	AS DECEASED	EVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRESS			
	111	ES, NO. ONNIKNOV	VN) (# YES, GIVE	WAR OR DATES)	N/A		Barbara	Smi	th 3114 W	, No	eth A	venue
	-	18 CAUSE OF	DEATH (Enter and	y ane cause per line	far (a), (b), and (c).)							TE INTERVAL
	6	PARTIDEA		E CAUSE (a)		Etha	nolism					
				DUE TO, OR	as a consequence	OF						
	10		s, if any, which	(b)								
	1	cause (a) s lying caus	stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF						
	1	lying coos	C 1031.	(c)				_				
		PART 2 OTNER SIG	NIFICANT CONDITIONS (ONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TER	RMINAL DISEAS	E OR CONDITION GIVEN IN F	PART 1 (a)				
	O											
1	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION	VAS PERFORMED?				HEAD OF	
	E										YES X	NO [
3	AL CE	210 EXTERNAL UNDERLYING CONTRIBUTIN			MONTH DAY YEA		OW INJURY OCCURE	RED (ENTER I	NATURE OF INJURY IN ITEM 18 F	ART I OR PART	(2)	
	MEDICAL	21d. INJURY O	CCURRED		FINJURY (ATHOME,		CATION					40.00
	2	WHILE AT WORK	NOT WHILE]	JNT, PARM, ETC.)		STREET		CITY OR TOWN	COU	417	STATE
				e of the remains day	thed HEADION	LY Autos	25y X, Inspecti	ian .	Inquiry, an	d in my api	nian	
		death resulter	d fam: Natur	al causes	Accident	vicide	, Hamicide	Undet	ermined manner .			
		/	1000.	1/1	1 1	Sel	TITLE (SPECIFY)					
_		ACTUAL SIGNATURE_	all	wol	nugh	nella	Assista	antmed	ICAL EXAMINER	DATE	1.2/2	7/86
1	0	EXAMINER'S N	I A AAC		//		The same of the sa					
		TYPE OR PRIN	T)	ennis F	Smyth, M.D.		ADDRESS 1	111 De	enn St.			

07/84 25M BP.

DHMH - 17 (VR A15 ME (5)) 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 1/7/87 23c. NAME OF CEMETERY OR CREMATORY
Baltimore Cemetery

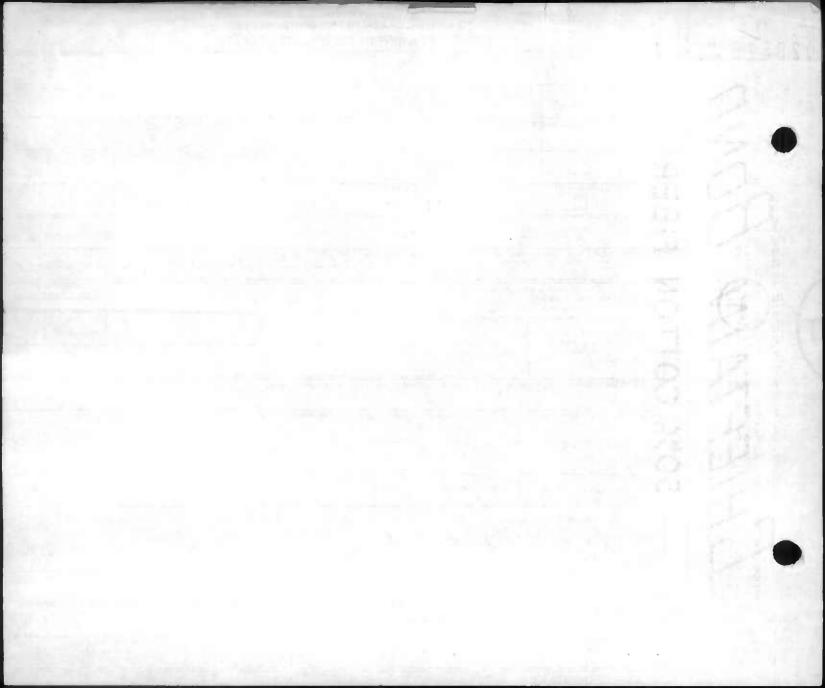
23d LOCATION BAltimore

COUNTY

s⊺₩d

24 FUNERAL DIRECTOR
Wm^AAAE C. March F/H 1140 \$ E. North Avenue

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



02	76	30	DE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OSPITAL OR ATTENDING PHYSICIAN: The low equires that the delity centricate be executed within 24 hours death. Four 4 may be and the hospital or offending physician.	INRERAL DIRECTOR: After this certificate has been against light and the state of completely filling in this certificate has been against the state of the state o	the Store Debt. or neonn and weman ryggene prior to become remaining a remaining.

	1	FOR STATE	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE 8	6	3 4	2 6 3
7630 DE	CH	REGISTRAR			ICATE OF DEATH		3. NO.		
* & £		PECEASED NAME FIRST	MIDDLE		AST	2a. DATE OF DEAT		DAY YEAR	2b. HOUR
oge deo	-		LIAM HENRY		HRISTIAN		12	13 86	M
4 mc	3. 3	SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LA	T BIRTHDAY)	MONTHS DAYS	
# 15		MALE	BLACK	12	23 1913	72	YRS		
1 12	5.70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CIT	-	TY.	MD.
WA	10	CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 2555 MC HENRY	T ADDRESS)		120 USUAL OCCU (TYPE OF WORK FOR M Mail Har	OST OF WORKING	(IFE) INDUSTRY	of BUSINESS OR Co
11 2 3	J 45		OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)					and 21223
2 10	lon 13	MARYLAND 13b. CO	UNITY 13t. CITY OR TOV		13d INSIDE CITY LIMITS? YES X NO	2555 MC	SS / ZIP CC	Street	Baltimore
rthi 2 s	14.	FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
d w	X D	FIRST	CHRISTIAN		MAGGIE	MIDD	LE	CUP	AST
on the second	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECT		17 INFORMANT	Al	DRESS	more, Md	
Poge medi		(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 218-07-	4051	Clifton C. Ch	riction	3407 E	illement	Pond
cion cion ers. I	=		only one cause per line for (a), (b), or		CITICON C. C.	IL IS CLOII	3407 E		XIMATE INTERVAL NONSET AND DEATH
fight peop nove		PART I. DEATH WAS CAU	SED BY:		ry arres	t		BETWEEN	ONSET AND DEATH
the cent		IMMED	The chool (o)		19 diles				
1		Conditions If any history	DUE TO, OR AS A CONSEQU	ENCE OF	04 0 - 12	Sak Orani	unt	11 000	1
1 11		Conditions, if any, which gave rise to immediate	(b) Adeca	YCIC	ancu - pri	mary	004(1)	Moun	
11 號 1		couse (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF					
E VELEN			(1c)						
o po	Z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT	V 4 1	Ye CUS	order	GIVE PART 1	Our of of
\$ 10 A		190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	3)	20g AUTOPSY?		ES, WERE FIND	INCE HEED
low os b	7 8	THE DATE OF OPERATION	178. CONDITION TOR WINCE	TOPERATIO	WAS FERFORMED	700-	IN CER	TIFYING CAUSE	S OF DEATH?
N: The nysicior ronsit pronsit property Hygier 18 shove	CERTIFICAT	71a. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY		121. HOW IN HURY OCCUPA	YES NO		YES	NO 🗌
Phys iffico tro 1 Hy		OR CONTRIBUTING TO CAUSE OF		AY YEAR	21c HOW INJURY OCCURE	CED (ENTER NATURE OF	INJURY IN ITEM I	8 PART I OR PART 2)	
SIC cert cert virial Nente	WEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI		19					
AG PHY ottendi fer this ss the bu h ond M	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
NDIE NSE A Se A	9	22a.1 certify that (I) (the ho	priat) attended the deceased fram_	07	2 86 19 86	2 , to	13/13	19_86	, that (1) (we) last
prito 170 for of h		saw the deceased alive above, (1) (we) (did) (did	on 126 19 not) view the body after death.	00 , 01	nd that in (my) (aur) apinion o	death accurred on t	e date and h	our and from the	e couses stated
hos hed hed ept.		226 SIGNATURE	a l le Day		DEGREE			22c. DAT	E SIGNED
Y the SAL D detoc		Mon	Cal servery		UD ATTENDING PHYSICIAN TO	DIRECTOR PH	STAFF YSICIAN [12,	/15/86
retained by the TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME ITYP	E OR PRINT)		22e ADDRESS				
FUN THO	1	Vomal V Da	ma M D		0/55 *****		006 -		
sho sho	220	Komal K. Da		NAME OF C	13455 Wilkens	Avenue #	206 Ba	Itimore.	. Md21229
BP	,,,	(SPECIFY) BURTAL	and the second s			CITY OR TOW	N	COUNTY	STATE
Dr	24			. CALI	ARY CEMETERY	E REC'D. BY REGIST		RUNDEL	MARYLAND
DHMH - 16 60M 7/84			UNERAL HOME, INC		1.6	-16-86	MRIZSD, KEG	ISTRAK S SIGNA	TUKE
(VRA 15, 4)	-	SOT GMAURIS LETT	ls Pkwy. Baltimor	e, Ma.	51510 19	1 0			

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PALS HAVE CHRISTIAN ALL SOL TO SEL TO

BAL FORE 2555 MC Henry Street Nail Handler Selts. Lise Ins.
Naiviand 21223
PARTARE SALIANS N 7555 No Lenry Street, Feltheore,

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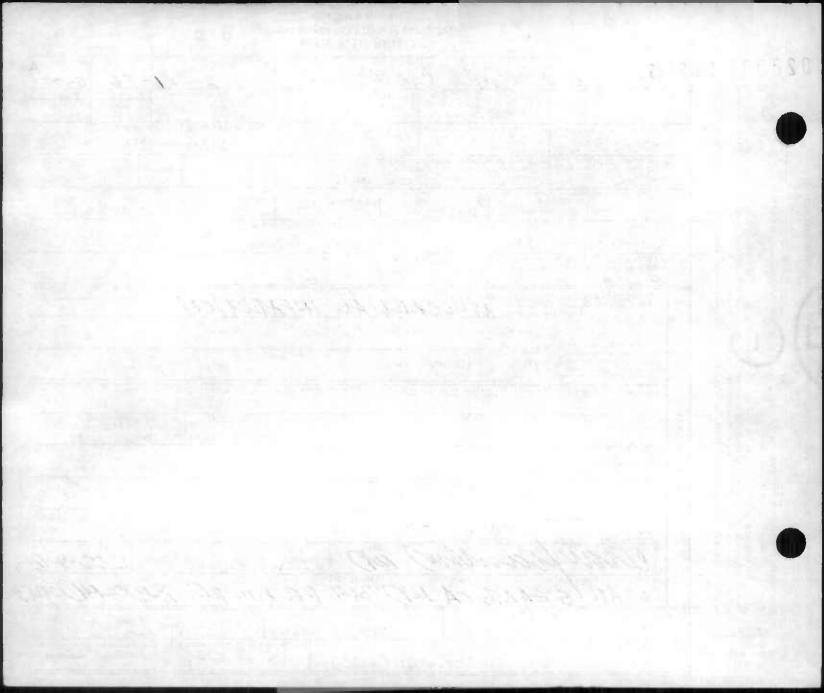
and from 11. I'm was

TO HOSPITAL OR ATTENDING PHYSICIAN: The law impures that retained by the hospital or ottending physicion.

DHMH -

death certificate be executed — that 24 hours after death. Page 4 may be

	- 1					STATI	OF MARYLAND					
		1-	FOR STATE		DEPART	MENT OF H	EALTH AND MENTAL RY	GIENE 8 6	3	1 4	2 6	
			REGISTRAR Eileer	Mary	Cirinci	Lone	ICATE OF DEATH	REG. N		4		4
0 8 5	DEC	25	EASED NAME FIRST		AIDDLE	<i>'</i>		20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	A
deo		2.554	EITEEN	4. RACE	7/ (/KI	OCIONE	6 AGE (IN YEARS LAST BI	- 21-	FUNDER LYEAR	0470	M
director, page		3 SEX	Temale	Cauc		MONT!	28/30 YEAR	56	MC	ONTHS DAYS	HOURS MIN.	
directions	-	_	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY	YRS OR COUNTY O	OF DEATH		-
00	V	I	Balto.,Md.	USA		WIDOWE	DI DIVORCED	Baltin	ore C	ity	N	AD.
with:	12		TY OR TOWN OF DEATH		HOSPITAL, NURSIN	NG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND C	OF BUSINESS O	R
by the function	10		Balto.	Good	Samari	itan	Hosp.	housewif	е	IIADOSTKI	-	_ 14
C di	21	USUA 130 S	L RESIDENCE (IF NURSING HOME OF TATE 13b COUR		13c. CITY OR TOW	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2609 Ker	/ ZIP CQDE		070	
113		_	Md.		Balto.		YESX NO		rtucky	Ave.	. 212	13
157	2		THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN N.	MIDDLE		LA	51	
100			Joseph McLau (AS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU	IDITYNO	Sarah Ma	aden	ESS			_
200	Deduction of	{Y		VE WAR OR DATES)	214-26			Cirincio	no	husha	and, sa	ame
04.			18 CAUSE OF DEATH (Enter of	alv ane couse ner	-		Denearee	CILITICIO	116		ONSET AND DE	
phys move			PART I. DEATH WAS CAUSE	D BY:	MYOC	ARU	TAU INF	ARCTION		20,111,213		
2 d d d	200		WWILDIA		r as a consequ	ENCE OF				1		2.3
10 10	5		Conditions, if ony, which	(b)_								_
			gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQU	ENCE OF						
legis of	0			(c)_								=
0.00	day.	Z	PART 2 OTHER SIGNIFICANT	conditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 1:	O	
100	12	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDS		_
ho.	m /	TIFIC						YES NO	IN CERTIFY YES		NO [
hysicie icote ronsit Hygii	8 3	CER	210 ACCIDENT WAS UNDERLYING	110115 4	OF INJURY M. MONTH D	AV VEAD	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INS	IRY IN ITEM 18 PAR	RT : OR PART 2)		
g ph ertifi rial-tr	le d	CAL	OR CONTRIBUTING CAUSE OF DE	AIII.	M. MOIVIE D	19						
this of the build Me	100	MEDICAL	21d INJURY OCCURRED	21e. PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR 10	OWN	COUNTY	STATE	
offer as that that	arke	~	AT WORK AT WORK									
OR: A	: S		220.1 certify that (I) (this hesp sow the deceased alive or	41	e deceosed from	96	nd that in (my) (our) opinion	depth accurred on the c	ate and haur		that (I) (we) la	ist
DECTO	T W		obove, (1) (we) (did) (did no	ot) view the body		- 11	DEGREE	- doom occorred on me c	are and most		SIGNED	-
the h	#		ellow 1	las	when	1 1	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [17-2	2-80	6
by VERA Stot	Z 1		22d. PHYSICIAN'S NAME TYPE	OR PRINT)			22e ADDRESS	O DIRECTOR THIS	2	,		_
FUNE Ould be	APOKIAN AND AND AND AND AND AND AND AND AND AND		CESAN G.	GAM	BOA!	W	3440 BEL	AIN PIL	BAR	10-1	4/20	43
sho sho	₹		URIAL, CREMATION, REMOVAL	23b DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE	
BP			Burial	12/2			ens of Fait	h Balte	o.,Md.			
HMH - 16 60M 7	7/84	24 FL	Schimunek Fu	neral	Home I	nc.		TE REC'D. BY REGISTRAN			TURE	
(VRA 15, 4)			3331 Brehms	Lane,	Balto.,	Md.	21213	40 1000	W .		-	



PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE To and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 22e ADDRESS 500 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE BURIAL 2-11-86 BALTIMORE CMMETER 74. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS FUNERAL HOME 1101 F. NORTH

DAY

6

YEAR

IF UNDER I YEAR

INDUSTRY

AVE.

JACKSON

86

DAYS

12b. KIND OF BUSINESS OR

2b. HOUR

IF UNDER 24 HRS

MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	San	Earl	9	0
O	0	Barg	5- ws2	64

REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.	
1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	RGARET	CLAYTON	DEC. 27	,1986	9:49 AM
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF UND	DER TYEAR IF UNDER 24 HRS
Female	White	MONTH DAY YEAR	86	YRS.	S. DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY O		EATH
COUNTRY)		MARRIED NEVER MARRIED WIDOWED NO DIVORCED	BALTIMO	ORE CITY	Y MD.
10. CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126	b. KIND OF BUSINESS OR
BALTIMORE	JOHNS HOPKIN		(TYPE OF WORK FOR MOST O	DF WORKING LIFE) [N]	DUSTRY
USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 136. CITY OR TOW		13e STREET ADDRESS	/ 7ID CODE	
Md.	Balto.	YES NO	633 N. Asa		21202
14. FATHER'S NAME		15. MOTHER'S MAIDEN N	IAME	aren se.	
FIRST	Lestrida	e Pilla	WIDDLE	Pittv	LAST
16a WAS DECEASED EVER IN U.S.			3705 ADDR		3
(YES, NO OR UNKNOWN) (IF YES,	211-05-2	784 Mr. Rober	t Hammond	Darlingt	
	anly ane cause per line far (a), (b), an		C Hammond		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY:	10	rost		2
IMMEDI	ATE CAUSE (a) CONTIN	Bally Courses	c 6.03		3m14
	DUE TO, OR AS A CONSEQUE		d		710
Canditians, if any, which gave rise to immediate	(b) 1405	ardial Intare	160		UNIS.
cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF			
underlying cause last.	(c)				
	T CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN	PART Ita
196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING					
196. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
T T T T T T T T T T T T T T T T T T T			YES NO	YES 🗌	NO NO
00.000.000.000.00	216. TIME OF INJURY HOUR A.M. MONTH DA		JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OF	RPART 2)
(IF EITHER NOTIFY MEDICAL EXAMIN	267111	19			
OR CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTION CO	21e PLACE OF INJURY	21f LOCATION STREET	CITY OR TO	OWN CC	OUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	Cili Ok ic		JOHN
22a I certify that (1) (this has	spital) attended the deceased fram_	12/26 19 8	6, to 121	27 19	Po, that () (we) last
saw the deceased alive	on 12/27 19	8 and that in (my) (aur) apinio	on death accurred on the d	ate and haur and	Iram the causes stated
22b. SIGNATURE	nat) view the bady after death.	DEGREE			22c DATE SIGNED .
Pan 8	Bl. anthal	M ATTENDING	MEDICAL STA	/	12/22/18
226 PHYSICIAN'S NAME (TYP	· Munon of	PHYSICIAN PHYSICIAN	DIRECTOR PHYSIC	CIANLE	1421104
CO. PHISICIAN SINAME (1YP	R) unes that	22e ADDRESS	L - 11	11.011	m 0 . 10 5
Koge J.	(2)		okins Hosein	tul, balt	5, 170 21200
236. BURIAL, CREMATION, REMOVA	AL 236. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	1000	NIY STATE
Removal	12-27-86				
24 FUNERAL DIRECTOR		25a. D	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

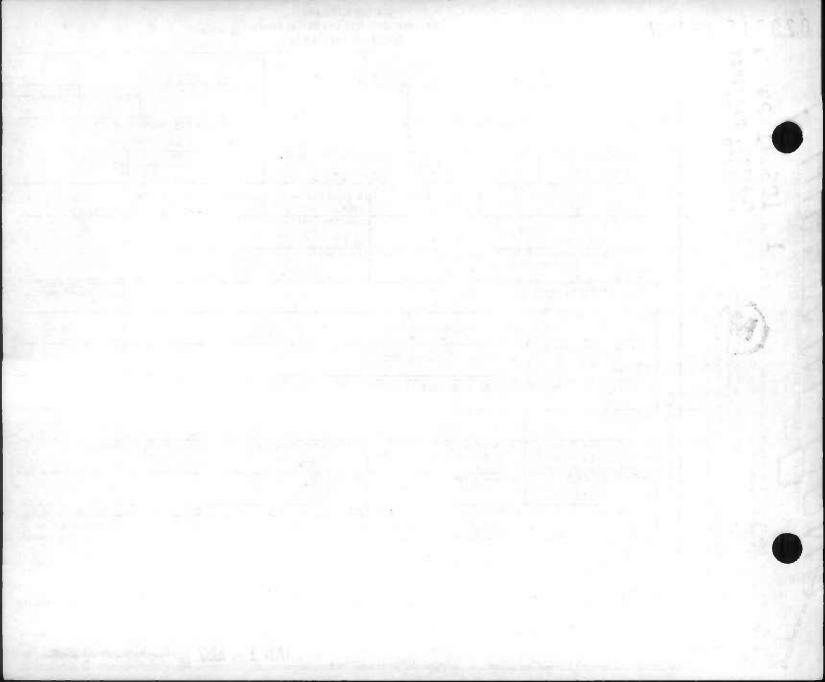
MPORTANT: If them 21 is marked ar them 18 shaws any

injury, ar ather trai

Anatomy Board

Balto., Md.

JAN 1 4 1987, Julia Davidson-Randon



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND TO

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DEC TOPET ASED NAME MIDDLE 2a. DATE OF DEATH MONTH 26 HOUR 20 Willie Cleveland 08 12 m. P 3 SEX 5. DATE OF BIRTH 4. RACE IF UNDER I YEAR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. MONTH DAY YEAR Female Black 53 28 06 33 BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY maryland Baltimore WIDOWED DIVORCED A CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore HOUSEWIFE Maryland University of USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

136. STATE

136. COUNTY

137. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Baltimore marylan YES NO 1500 W. Lanyalest 21217 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Hollomon John Doleman 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-30-9525 Clevelano Unlemor Willie M. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY Probable IMMEDIATE CAUSE (a) carb ö DUE TO, OR AS A CONSEQUENCE OF that the death Probable Irchemic Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF 6 underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior any 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows the burial-transit per and Mental Hygiene YES | NO YES ! 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED marked or 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (1) This hospital) attended the deceased from 06 Xb 0 08 sow the deceased give on 12 0 % above (1) (v)e) (did) did not/view the bady ofter death. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 40 226. SIGNATUR DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF old be deta TO FUNERAL 80 82 mi PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 22 S. Greene St. Baltimore, MD with oe. MD 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Baltanie Not. auburn STATE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) THE RESERVE AS A STREET OF THE PARTY OF THE

129085 MAN	1 5	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	34203
3 71		CEASED NAME FIRST EDD	MIDOLE	COBB	12/27/86	DAY YEAR 26. HOUR 5:10P ,
and other po	3. SE	MALE	1. RACE Black	5. DATE OF BIRTH MONTH OAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS.
The state	140	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or COU	INTY OF DEATH MD
. 5	10. C	Balto	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) 126. KIND OF BUSINESS OR
Month of the state	130.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS / ZIP C	CODE 21201 Apt 30
MARYI ed with and 2 sp	14. F.	ATHER'S NAME TO h Y	MIDOLE CAST b	15. MOTHER'S MAIDEN NA	ME MIOOLE	LAST
w 5 0-)			RMED FORCES? 166 SOCIAL SECU VE WAR OR OATES) 239-20	HITY NO. 17 INFORMANT -4406 Levi Rice	ADDRESS 2432 No	Calvert St 2/2
it., BALT		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on ED BY. TE CAUSE (a)	A Committee of the Comm		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
i W. PRESTON ST., BALTIMORI hot the death caldicate be executed by the attending bry sicron and ose remays by footboppers. Page 1), cremoforing common of		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUI	EROTIC CARDIOVASCULAR	DISEASE	10-20 YEARS
RDS, 201 equires the signed b Then pleo, to buriol,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
he low re on. hos been t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION 12 22 86	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED ABILLY TO SWALLOW		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
DIVISION OF VITAL RECORDS, ING PHYSICIAN. The low require of tending physicion. ther this certificate has been sign os the buriol-transit permit. Then th and Mental Hygiene prior to be orked or them 18 shows any injury		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	ATH HOUR A.M. MONTH D.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	w 18 PART 1 OR PART 2}
DING PHYSICIA or ottending ph After this certifiase os the buriol-th colth and Mental marked or Hem?	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospitol or RECTOR: Af		sow the deceased alive on	ital) attended the deceased from 12/27 itylia view the body after death.	1 2 / 20 , 19 86 76 , and that in (a) (our) opinion	death occurred on the date and	hour and from the causes stated
AL OR A the hos AL DIREC detoched ote Dept. If Item		226. SIGNATURE	- Junes	DEGREE MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/27/86
O HOSPIT TO FUNER should be a with the Ste		22d. PHYSICIAN'S NAME (TYPE OF CHRISTOPHER	GUERIN	1270 ADDRESS HOPILL	s Idupitus, DE	et. Survey
5 € 5 € ¥ ₹	73a	BURIAL CREMATION REMOVAL	23h DATE 23c 1	NAME OF CEMETERY OR CREMATORY	123d LOCATION	

231 NAME OF CEMETERY OR CREMATORY

STATE

23d. LOCATION

250. DATE REC D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

BP.

23b. DATE

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

(VRA 15, 4)

020015 111 3 10 020

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND (120) O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death secured within 2.1 haun Me. Cleath. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attention of completely filled by the revisal director, page 3 should be detached for use as the buriol-transit permit. Then please remove control bages, and 2 should be filled with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation or mine and according to the place of them 21 is marked or them 18 shows any injury, or after troumatic event, the medical examiner must be notified at data.
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26477 DEC-9

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HY
CERTIFICATE OF DEATH	

STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	ರ	-

86-	STATE REGISTRAR	DEPART		ICATE OF	DEATH	REG. N	10.			1
	CEASED NAME FIRST Jenife	r Marie		AST DBB		20. DATE OF DEATH	12/6	YEAR 186	2b HOUR	R 12 PM
3. SE	x Female	White	5. DATE C		YEAR % 6	6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	HOURS	Min.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	.8. MARRIE WIDOWE		MARRIED 🔼	9 BALTIMORE CITY		OF DEATH City		MD.
	alterine 1	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET St.	ADDRESS)	SPITER INS	TITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST		12b. KIND O INDUSTRY	F BUSINE	SS OR
13a S	AL RESIDENCE HE NURSING JOME OF THE COULD THE	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW Baltimo:	'N	13d. INSIDE (NO 🗌	13e STREET ADDRESS 2736 Geor		Road,	2123	30
14. FA	ATHER'S NAME FIRST Brian G	middle LAST eorge Cobb	la.		'S MAIDEN NA FIRST JZANNE	WE		Pope		
	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES)	RITY NO.	17. INFORM Brian		ADDR 0, 2736 Geo				75. 54
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE (b) Sewere DUE TO, OR AS A CONSEQUE	ENCE OF	d Unie r	rembos	ne diseas	ie.	10		113.
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT		O TO THE TERM		DITION GIVE		1/2 h	· C2 ·
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20g AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES		H?
	? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	AY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN HEM 18 PA	ART : OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATI		CITY OR TO	OWN	COUNTY	51	ATE
	22a.1 certify that (1) this hosp	ital) attended the deceased from	Decem	her 6	19 86	o to Decemb	ver 6.	9 86,	that (I)	(e) ost

saw the decage alive an Decrybe (*) 19 above, (1) (we) (did) (did not) view the body after death. The , and that in (my (laur) opinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE ATTENDING PHYSICIAN STAFF PHYSICIAN S MD MEDICAL man 22e. ADDRESS Hospital

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Schapino

900 Cators Ave. , Bacto mD

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 12/8/86 24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION Meadowridge Mem. Park Elkridge Howard Maryland

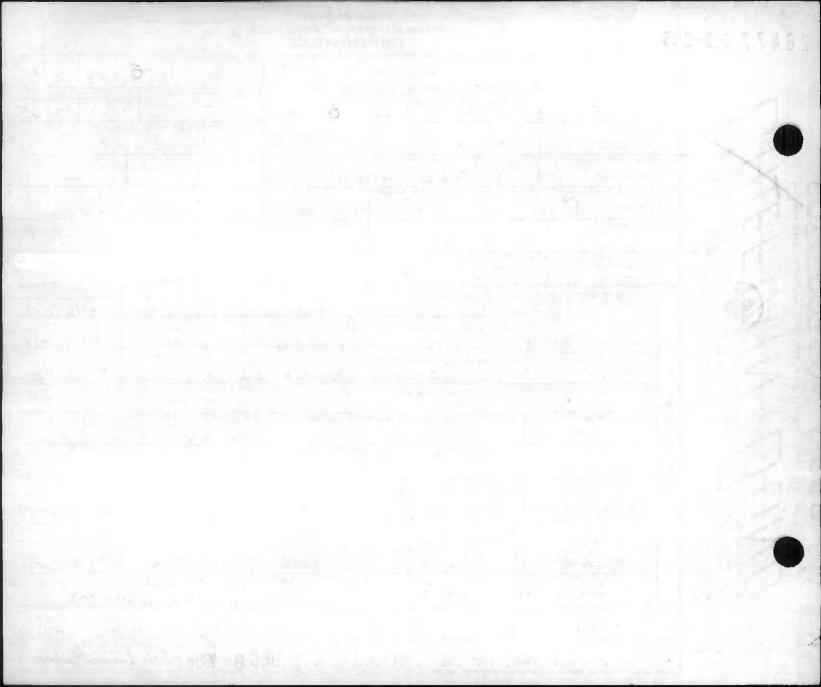
21229 250. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Funeral Home, Inc., 4107 Wilkens Ave.

22c. DATE SIGNED 12/7/86

BP.



		A LINE CO		STATE OF MARYLAN	ND -			
8387 DEC	3	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND M CERTIFICATE OF DE		8 6 REG. NO.	3 4 2	6/
nay be poge 3		CEASED NAME THEST	N L,	Cogdell	2a DA	TE OF DEATH MONT		3:00 A.M
oge 4 ma rector. pe	3 SE	lemale	Black	5. DATE OF BIRTH	9 ^{YEAR} 6. AGE	(IN YEARS LAST BIRTHDAY)		HOURS MIN
funeral di	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MA	ORCED X	MORE CITY OR CO	e City	MD.
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phinite month th		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT	D BY:	nosis of the 1				ATE INTERVAL ISET AND DEATH
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requires en signe . Then pl or to buri	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	O THE TERMINAL DIS	EASE OR CONDITIO	N GIVEN IN PART 1:0	
The low cion. te hos bee sit permit giene price shows ony	CERTIFICATION	190 DATE OF OPERATION		ICH OPERATION WAS PERFORM	MED 20a /	IN C	IF YES, WERE FINDING CERTIFYING CAUSES O YES	S USED F DEATH?
SICIAN: ng physic certificot oriol-from entol Hyg		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	JRY OCCURRED (ENT	ER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
NG PHY: ottendii free this os the bu th ond M arked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)		CITY OR TOWN	COUNTY	STATE
ATTENDI spitol or CTOR: A dfor use of Heol		220 I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not	/ !	C1	19.36 to_	urred on the date on	d hour and from the co	ot (1) (we) last uses stated
SPITAL OR do by the horn NERAL DIRE be detoched e Stote Dept TANT. If the		226. SIGNATURE	T. Ohickee	VO1 PH	TENDING MEDIC	STAFF	12 22. DATE SIG	2/86
O HO To FU Thould APOR			Ohio Rpehonium	22e ADDRESS	esty	medica	1 Center	
BP	-	BURIAL BURIAL	12/27/1986	200111	CEM. 23d L	OCATION CITY OF TOWN	NORE, MAK	ZYLAND
DHMH - 16 60M 7/B4 (VRA 15, 4)	25	OJ GWYNNS FA	S FUNERAL LLS PKWY, BA	HOME, INC.		BY REGISTRAR 256 RE	COSTRAR'S SIGNATUR	

0330 HILL - H-S TTUM

17b. KIND OF BUSINESS OR HOMEMAKER 13e.STREET ADDRESS / ZIP CODE 3304 Clarks fane Apt. B (21215) MIDDLE STEINBERG ADDRESS 3304 Clarks Lane(21215) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated 276 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN [PHYSICIAN 224 PHYSICIAN'S NAME LETPE OF PRINT 22e ADDRESS STEVEN LEVERSA LEVINDALE GERIATRIC HOSPITAL, BALTO., 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURTAL 12/14/86 ROSEDALE, BALTO, MD. STATE SHAAREI ZION CEM SOL LEVINSON & BROS . 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 6010 REISTERSTOWN RD. BALTO. MD. (21215) Doordson- Pan

STATE OF MARYLAND

REG. NO

MONTH

2b. HOUR 30

IF UNDER TYEAR

DAYS

DHMH - 16 50M 4/83 (VRA 15, 4)

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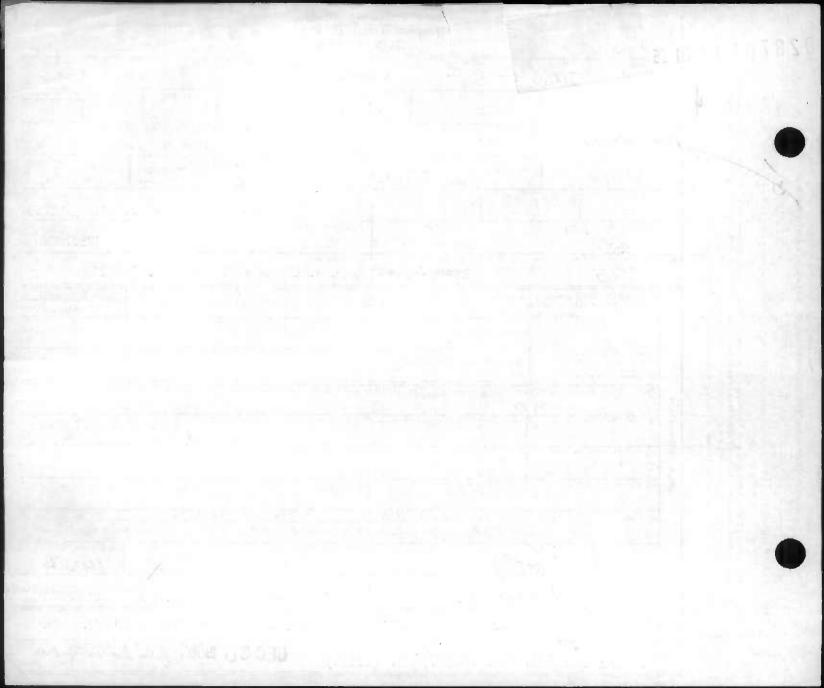
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leoth of the		EASED NAME FIRST SCLO	G JACOB R.	C	oheu	20 DATE OF DEATH	2 20	YEAR 26. HOUR 86 1:45 P
i f	3. SE	MALE	4 RACE WHITE	5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UI	NDER I YEAR IF UNDER 24 HRS HS DATS HOURS MIN
hours	7a. BI	RTHPLACE I STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE	ED NEVER MARRIED DIVORCED	Baltimore city of	me cut	7 "
42		Bul town		ADDRESS)		(TYPE OWNER MOST OF		26. KIND OF BUSINESS O NOUSTRY CLOTHING.
nou d bre	13a. S	M D 13b. COU	Balt.		13d. INSIDE CITY LIMITS? YES NO 🗌		ZIP CODE NTH RD.	#1A (21215
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for use of Heal 21 is m		saw the deceased alive a	oital) attended the deceased from		nd that in (my) (aur) apinian	, to		
detached ote Dept VT: If Hem		226. SIGNATURE	Steller		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		1470/16
should be de with the Stot		22d, PHYSICIÁN'S NAME	Gottle6		220 ADDRESS SINAI HOSPI	TAL BELVED	ERE AND	GREENSPRIN
438	230. B	urial, cremation, remova URTAL	23b. DATE 12/21/86 SI	NAME OF CHAARE	CEMETERY OR CREMATORY I TFILOH CONG.	23d. LOCATION CITY OF WOOD	LAWN, 4	BALTO., MDATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

ol LEVINSON & BROS.
6010 REISTERSTOWN RD. BALTO., MD. (21215)

CITY OR WOODLAWN, BALTO., MDATE



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ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	75
201	-
RECORDS,	
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mo profiler, po	3. SE	F	4 RACE	MONT	OF BIRTH OAY YEAR OAY	6 AGE (IN YEARS LAST BIRTHDAY)	IF U	JNDER I YEAR IF UNDER 24 HRS
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This ten	0. CI	TY OR TOWN OF DEATH 3ALT	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACRITY, GIVE STE	SING HOME		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSE WIFE	KING LIFE)	MD. 12b. KIND OF BUSINESS OR INDUSTRY
LAND 2120	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		NWO	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE -Thi.	- Parking
				KET	15. MOTHER'S MAIDEN NAME FIRST	WIDDLE		FRICK
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es that the death cert ed by the attending please remove carbo urial, cremation, or re , or ather traumotic e		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	NUENCE OF	uma-mifast	fatic		32715
	NOIT	priv		Imuno	armst	with usult	fard	coma.
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TAL On by the hor RAL DIRE detoched tote Depth of the Community of the Com		The SIGNATURE	1 Het Ins		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	₹	12/23/26
TO HOSPIT. TO FUNER, should be diving the Sto		LESCIE I	KATZEL			SITT HOSPI	TAL	
DD		URIAL, CREMATION, REMOVAL	23b. DATE 23		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cr	OUNTY STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

Burial Dec. 27,1986 Loudon Park Baltimore City. Maryland

24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home, Inc. Balto., Md. 21212

Baltimore City. Maryland

Acoress 6500 York Rd.

Mitchell-Wiedefeld Home, Inc. Balto., Md. 21212

12:20 19:50 term of the second seco

STATE OF MARYLAND

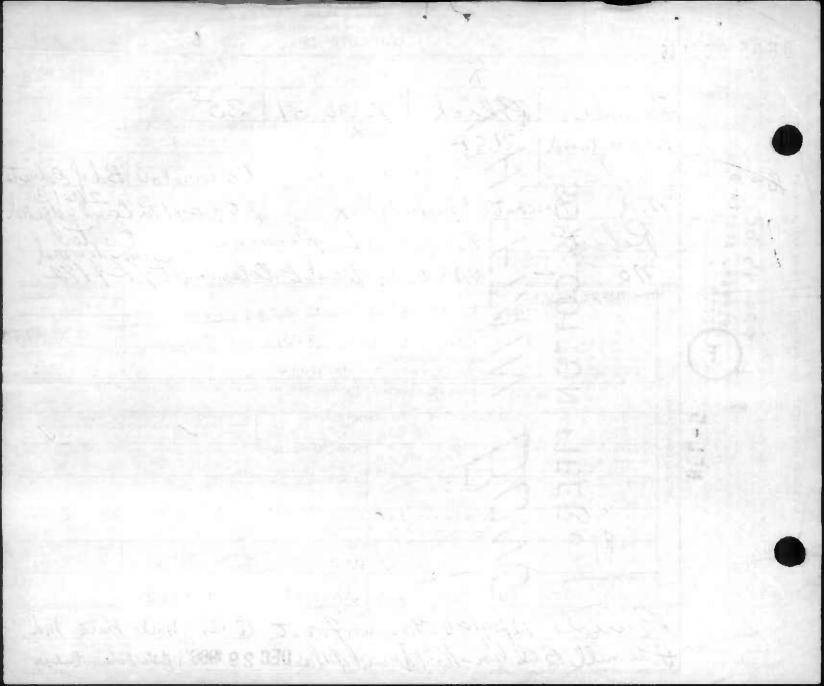
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	3	4	2

1	ac.	STATE REGISTRAR		ERTIFICATE OF DEATH	B B REG. NO.	3 4 2 1 1
1		CEASED NAME FIRST OR PRINT)	WIGGLE	LAST	24. DATE OF DEATH MONTH	
		ARDYTH	D. C	OLEMAN	DECEMBER 2	22, 1986 12:40P
	3. SEX	emale !	Black	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
1	7a BIF	RTHPLACE (STATE OR FOREIGN) 78	CITIZEN OF WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	
7	n	Taryland	// (4	DOWED DIVORCED	BALTIMORE	CITY MD.
100	6	0	NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH EACHITY, GIVE STREET ADDR THE JOHNS HOPK	ESS)	126 USUAL OCCUPATION (TY OF WORK FOR MOST OF WORK	ing life) 126. KIND OF RUSINESS OR INDUSTRY Education
3	USUA	AL RESIDENCE (IF NURSING HOME OR OTH	PER INSTITUTION, GIVE RESIDENCE BEFORE ADM 13 JOSTY OR TOWN	/ 13d. INSIDE CITY LIMITS?	13 PREET ADDRESS / ZIP	72 Cambridgema
1	IN FA	Robert MICK	Diggs	15. MOTHER'S MAIDEN NAM	ena middu	Carter .
2	Table Village	AS DECEASED EVER IN U.S. ARMED		10) Hault &	Toleman It	4 B4 172
)		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (b) AGUIRED DUE TO, OR AS A CONSEQUENCE (c) BLOOD	cystis Pneum	and	NORTH G MONTHS BYEARS
-	TION					
2	CERTIFICATION	1% DATE OF OPERATION	THE CONDITION FOR WHICH OPE	RATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTHYING CAUSES OF DEATHY YES \(\Baseling \) NO \(\Baseling \)
2		21s. ACCESSIT WAS UNDERLYING. OR CONTESSUTING C. CAUSE OF OF ATH IF EITHER, NOTEY WEDICAL EXAMINER.	21b TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	D (page sature or room in it.	m. ye. PART Cyr PART 2)
100	MEDICAL	214 INJURY OCCURRED	21s PLACE OF INJURY TATISCHE TIREST, FACTORY, DEFECT, FARM,	THE LOCATION	CHY CHI TOWN	county state
		27s.1 certify that (1) (this hospital) saw the deceased alive on above (1) (we) (#7b) (did not) to	2.26 10 86	7. dia mai in jugi (ioo) opinion di	eath occurred on the data and	
		22h SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN E	12.22.86
		CHAOLTON	WILSON	LOHNS HOP	KINS HOSPITI	n
	R	Quid 1	2/9/86 Jan	e of CEMETERY OF CREMATORY	City or Town mi	els Bala. mil
	24 59	WERAL DIRECTOR	211 11017	1 250. DATE	REC'D. BY REGISTRAR 256 RE	EGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR hould be detoche with the Stote Dep MACREAL II



CT	ATE	OF	8.8	ARYL	ABLES

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

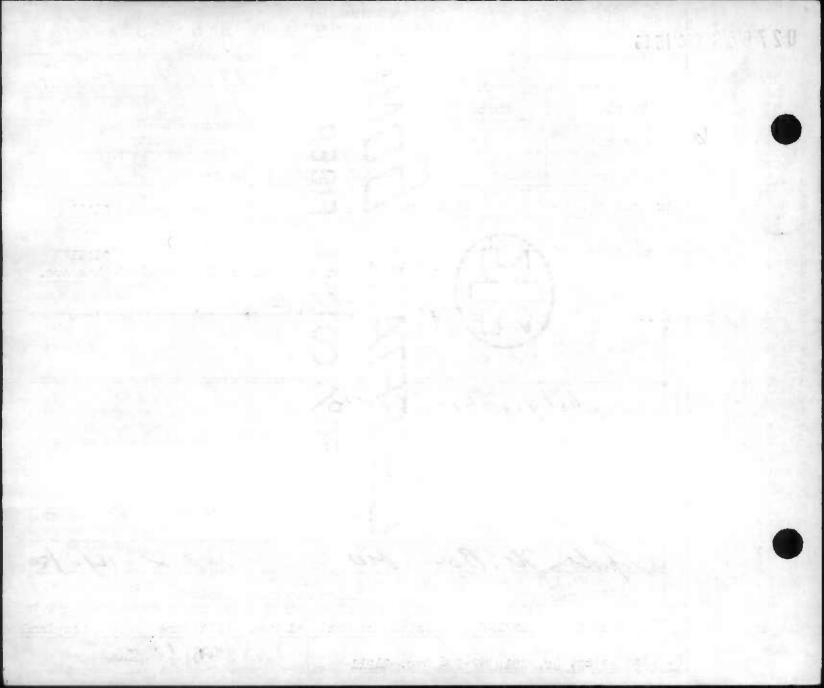
e a	1	5.
Ö	0	9
	REG NO.	

4

FOR STATE STATE TREGETRAR	DEPART	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6	3 4 2 7
1 DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 76. HOUR
Martha		Coleman	12 11	56/
3. SEX	4 RACE C.	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
Female	White	09 06 06 VEAR	80 _{YRS}	MONTHS DATS HOURS
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota	76 CITIZEN OF WHAT COUNTRY USA	** ** MARRIED NEVER MARRIED WIDOWED*** DIVORCED	Baltimore City or Count	
10 CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Union Memoria.	ING HOME OR OTHER INSTITUTION	12¢ USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE HOUSEWIFE	12b. KIND OF BUSINES: INDUSTRY
Maryland	E OR OTHER INSTITUTION GIVE RESIDENCE BEFO DUNTY 136. CITY OR TO Baltin		3508 Beech Ave	
14 FATHER'S NAME FIRST	MIDDLE LAST (unknown)	15 MOTHER'S MAIDEN	(unknown)	LAST
160 WAS DECEASED EVER IN U.S.		CURITY NO. 17 INFORMANT	ADDRESS	21211
(YES NO OR UNKNOWN) (IF YES	534-12-	-9085 Quentin F.	Coleman 1104 Wood	Hieghts Ave
	/ yeyliby-		ERMINAL DISEASE OR CONDITION GIT	VEN IN PART TO
TIFIC		H OPERATION WAS PERFORMED	IN CERTI	FYING CAUSES OF DEATH
00 000000000000000000000000000000000000	DEATH HOUR A.M. MONTH	DAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2)
OR CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STA
sow the deceased alive above, (1) (we) (did) (did	spiral) attended the deceased from on 19 not) view the body after death.		ion death occurred on the date and had	19, that (I) (we ur and from the causes state
22b. SIGNATURE	M. Bon	PHYSICIAN		220. DATE SIGNED
Andrew Bae		22e ADDRESS Union Mem	orial Hospital	
230. BURIAL, CREMATION, REMOV (SPECIFY) Burial		Name of CEMETERY OR CREMATO Baltimore National	Cem. Baltimore	county Maryl
230. BURIAL, CREMATION, REMOVE Burial 24 FUNERAL DIRECTOR	PE OR PRINT) r MD AL 23b. DATE 23c.	22e. ADDRESS Union Mem NAME OF CEMETERY OR CREMATOR Baltimore National 250.	norial Hospital RY 23d LOCATION CITY OF LOWN	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



2828,5

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH

REG. NO

YEAR

-	FOR STATE REGISTRA
8	TYPE OR PRINT
	3. SEX
)	D. BIRTHPLACE COUNTRY)

NATHANIEL

MONTH

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

6

26 HOUR

I STATE OR FOREIGN

76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED DIVORCED

OR OTHER INSTITUTION

MD 12h, KIND OF BUSINESS OR

U.GEN court SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONE 13c. CITY OR TOWN

13d. INSIDE CITY LIMITS? YES XX NO [15 MOTHER'S MAIDEN NAME

13e.STREET_ADDRESS / ZIP CODE

(TYPE OF WORK FOR MOST OF WORKING LIFE)

APPROXIMATE INTERVAL

14 FATHER'S NAME FIRST NATHANIEL

13a. STATE

LAST COLEMAN

16b SOCIAL SECURITY NO

17 INFORMANT

ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

136 COUNTY

MIDDLE

217264435

BARBARA COLEMAN 1207 N. POTOMAC ST.

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (4) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating

underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

9a. I	DATE OF OPERATION	11-
	12/15	186
210	ACCIDENT WAS UNDERLY	NG 🗀

10056

19h. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

21c. HOW INJURY

NOT WHILE AT WORK AT WORK

21f LOCATION

COUNTY STATE

220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on above (1) (we) (did) (did not) view the bedy after de

23b. DATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL

PHYSICIAN

22c DATE SIGNED

224 PHYSICIAN'S NAME (JYPE OR PRINT)

22e. ADDRESS

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL CREMATION, REMOVAL BURTAL

12 26-86

23c. NAME OF CEMETERY OR CREMATORY KING PARK CEMETERY

23d LOCATION RANDAMISTOWN

CITY OR TOWN

STAFF

PHYSICIAN [

COUNTY MT) STATE

24 FUNERAL DIRECTOR March Funeral Home

77h SIGNATURE

1101 E. North Avenue

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julia Davidson Bridale

shauld be detached with the State Dept.

FUNERAL

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If Item

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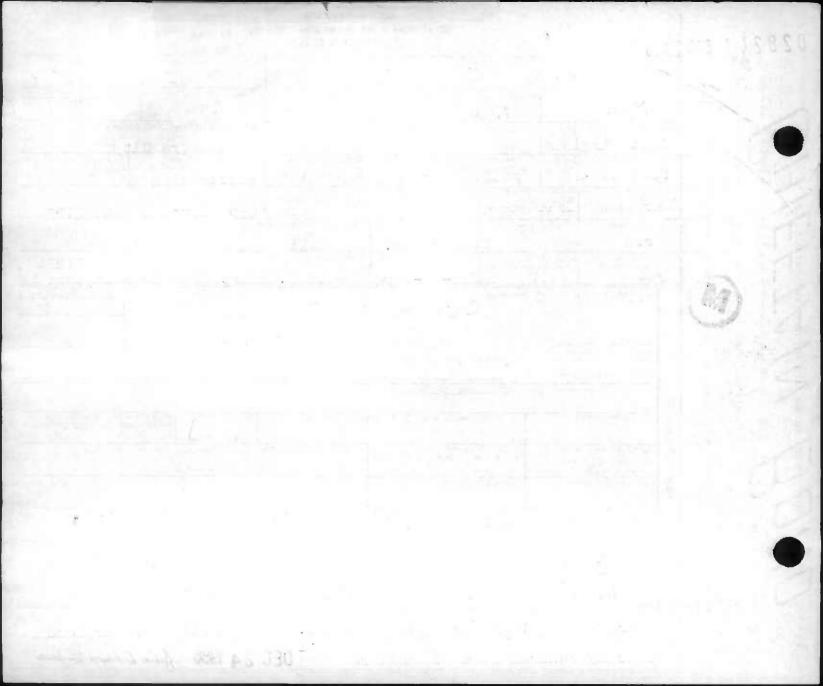
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burial-transit per and Mental Hygiene CERTIFICATION

MEDICAL

CATED SEED STATE PARKAGE CITY 173 45 - Washington 180 is 030

		1	FOR			OF MARYLAND		mag 11 4.2	
02824	1 DEC	50	- STATE	D		EALTH AND MENTAL I	TYGIENE 8 6	3921	
		1.0	ECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR	
eq /	- C	10	da	ek C	Co	lley		12 19 86 247	PM
(ou	X	3. 5	EX	4 RACE	5 DATE C	F BIRTH	6. AGE (IN YEARS LAST BI		1R5
ge 4	10	L	Male	White	MONTH 12	31 25	60	MONTHS DAYS HOURS A	AIN.
A	2 (W)	70.	BIRTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	M	9. BALTIMORE CITY	OR COUNTY OF DEATH	
Check Check	100		Vest Virgini		WIDOWE		and the second	re City	MD
= 7 D	1 1	10.	Sa Lewar	11. NAME OF HOSPITAL,	NURSING HOME C IVE STREET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE) INDUSTRY	OR
120	3-27	US	JAL RESIDENCE (IF NURS HE HE V	AE OR OTHER INSTITUTION GIVE RESIDEN		I de Certo	Electric	Lan	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate be executed. Hitting 21 now then also physician.	12	1.50	aryland la	Utimore 13c. CHY	OR TOWN	134 INSIDE CITY LIMITS YES NO X		/zipcode bile Lane 21224	
X 4 4	20	p pt	ATHER'S NAME			15. MOTHER'S MAIDEN		Dane Firm	
IAR	2/15	11	Oren	CY 7 1	LAST	FIRST	WIDDLE	LAST	
A. 4	1	2160	WAS DECEASED EVER IN U.S.		y Sr.	Mollie	ADDR	Greene	
o ×e	1 7 7	100		S, GIVE WAR OR DATES)	AL SECURITY NO.	17. INFORMANT	ADDR	21224	
LIM pe	15	L	yes WV	V11 236-	22-7894	Helen C.	Colley 495	Mirabile Lane	
SAL)	BAN T		18 CAUSE OF DEATH (Ente	er anly one couse per line for (a)), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DE	The
V ST., BAI	Micha)		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (D) COM	diac 1	Arrest		BETWEEN ONSET AND DE	in
S Z			IMMEL	DIATE CAUSE (0)		1.1.62			_
death death	on, on	1		DUE TO, OR AS A CO		1 + 2	1		
RES de de	to pt		Canditians, if any, which gave rise to immediate		Schemic	- heart c	liseuse		
Y. P	ase rem I, crem ather I		cause (a), stating the	DUETO, OR AS A CO	NSEQUENCE OF				
F to t	al, c		underlying cause lost	((8)					
20 res	ourio		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110	=
Pavir Sign	to to	CERTIFICATION							
00 ×	prior any	T E	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	J WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED	
o o	s e e	그 문			WILLIAM OF EXPANSE	· WASTERI ORMED	200 4010131	IN CERTIFYING CAUSES OF DEATH?	
TAL The	buriol-transit p Mental Hygier	1 2					YES NO	YES NO	
N AN	E H		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		TH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
O P P P	nto liol.	N N	(IF EITHER NOTIFY MEDICAL EXAM	OLAIII	19				
SION OF VI PHYSICIAN: ending phys	burial-tr Mental	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
NG P offer #	olth and marked	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY	, OFFICE, FARM, ETC.)	STREET	CITY OR TO	OWN COUNTY STATE	
00			220.1 certify that (1) (this ha	ospital) ottended the deceased	from 12	19 , 19 8		19 36 , that (It (we)	lost
TTEN	of H		saw the deceased alive	on 12/19	_19_86 on	d that in (my) (aur) apıni	an death accurred an the d	ote and hour and from the causes stated	
OR ATT	P t E		22b. SIGNATURE	d not view the bady after death		EGREE		22c, DATE SIGNED	
0 . 0	De De		MILL.			ATTENDING	MEDICAL STA		
TAL	detacl tate De		100 ter	yellow	10	PHYSICIAN			
HOSPI Bined B	should be detained with the State E		22d. PHYSICIAN'S NAME ITY	PE OR PRINT)		22e ADDRESS			
O HOS	PO th		M. HI	19.exhord		trarus	Soft Kent	tedual laster	
5 5 5	₹ ₹ ₹	230	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c NAME OF C	METERY OR CREMATOR	Y 234 LOCATION		_
BP			Burial	12/23/86		wn Cem.	CITY OR TOWN	COUNTY STATE	
DF	-	24 1	UNERAL DIRECTOR	14/4/100	Van Lie		Balti	more, Maryland	
	6 60M 7/84			A TT - A	DORESS	250. [25b. REGISTRAR'S SIGNATURE	
(VRA	15, 4)		connerry Fur	neral Home o	I Dunda	k U	EC 24 1986	Julia Davidson- Kinidala	r



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

026555

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)E	11	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.										
	1 DEC	CEASED NAME FIRST Edith		MIDDLE LASTCOLLUR				12 04				
	1	EMALE F		/ HITE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	YRS	DAYS HOUR	DER 24 HRS		
6) (RTHPLACE (STATE OF FOREIGN PENNSYLVANIA	76 CITIZEN OF USA		WIDOWE			e City	1	MD.		
2	73	ity or town of Death	(IF NOT IN SUC	HOSPITAL, NURSING HOME OR OTHER INSTITUTION MACHINE GIVE STREET ADDRESS! INAI HOSPITAL			120 USUAL OCCUPATION	KIND OF BUSI USIRY NURSING				
6	13a S M	AL RESIDENCE (IF NURSING HOME COTATE 136 COU			IEFORE ADMISSION) IOWN IMORE	134 INSIDE CITY LIMITS?		IP CODE A	PT.504 #21215	5		
0	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LAST			
		GEORGE VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) I IF YES, G	RMED FORCES?		SECURITY NO.	3615 FORDS I	MRS.EVELYNDST	AIMAN A	FOGEL IN APT.313 21215			
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane couse per ED BY: ATE CAUSE (a)	line for 101, (b	copul	2 monary	arrest	8	APPROXIMATE IN ETWEEN ONSET A	STERVAL IND DEATH		
Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 1 DUE TO, OR AS A CONSEQUENCE												
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BYT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
2	CERTIFICATION	DECUTE 190 DATE OF OPERATION	196 CONDI	ITION FOR WH	HICH OPERATIO	e 10 MZ N WAS PERFORMED		206. IF YES, WERE IN CERTIFYING C YES [EATH?		
37		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [LIFEITHER NOTIFY MEDICAL EXAMINI	HOUR A.	M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	N ITEM 1B PART I OR	PART 2)			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY OFFICE FARM, ETC.) 211 LOCATION STREET			CITY OR TOWN	COL	COUNTY STATE			
		22a 1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) odid n			0-1-	nd that in (my) (Ur) opinion		, , ,	om the causes			
		226. SIGNATURE	122 j	12-4-86								
1		H. De Pam	Philis			Sinzi Ho	ispital					
	1	BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	DEC.7	,1986	BNAI]		23d LOCATION BALTIMORE		MARYLAN	1D TATE		
		UNERAL DIRECTOR SOL	LEVINSON WN RD. B			21215 250 DA	TE REC'D. BY REGISTRAR 25	la REGISTRAR'S S		all		

STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
CERTIFICATE OF DEATH								

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
CERTIFICATE OF DEATH	4

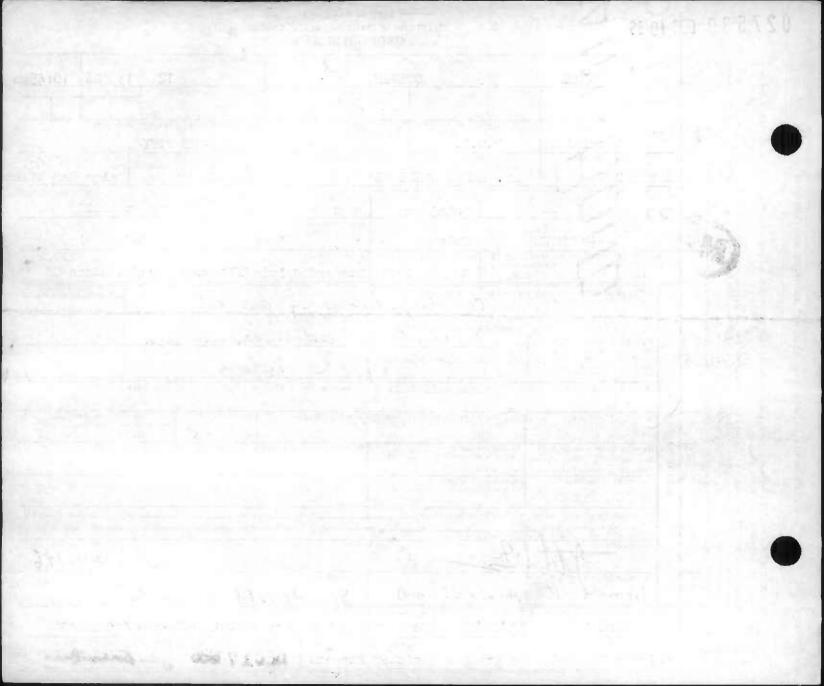
539 DE	Cil	BORG STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 3 6	3	4	d.	1 6)
m 4		CEASED NAME FIRST OR PRINT)		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY Y	YEAR	26 HOUR	
poge 3		JOHN	F.	. C	OLVIN	SR.		12	13	86	10:4	5 pm
offer p	3 SE		4 RACE		5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST E	IRTHDAY)	MONTHS	DAYS DAYS	HOURS MI	
55		M	W		AUG	18 1908	78	YRS.				
531		RTHPLACE STATE OF FOREIGN		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY	_	OF DEA	TH		
8	in C	Virginia TY OR TOWN OF DEATH	U.S.A. WIDOWE 11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST. AGNES HOSPITAL				BALTIMORE CITY MD. 126 USUAL OCCUPATION 126 KIND OF BUSINESS OR					
\$ C	BA	MITIMORE				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Steamfitter . Balto Gas & E						
2	13a S	AL RESIDENCE (IF NURSING HOME COL STATE 136 COL aryland	DR OTHER INSTITUTION	13c. CITY OR TOW Baltimo	'N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 208 S Ca.	/ ZIP CODI lhoun	St 2	1223	3	
-	14. F/	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA				LAST		
100	Y_	(UNKNOW		Colvin		Be	SS		UNKNO	(MWC		
0 /			RMED FORCES?	166 SOCIAL SECU		17. INFORMANT		RESS			21122	
-/		No		224-14-	0543	Leonard Colv	in/270 Bead	ch Ave,			NA MO	
, or other troum		Conditions, if ony, which gove rise to immediate couse [0], stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(_{Ic)}	R AS A CONSEQUE	0	1 the a	don.	NOTION GI	/EALINI D./	ADT 1/0		_
ony injury.	NO O	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	JAIRIBUTING TO L	DEATH BUT	INOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	PEN IN PA	AKI IIO		
rus 2	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?				GS USED OF DEATH?	
or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	IURY IN ITEM 18	PART I OR PA	ART 2)		
	MEC	WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR	NWO	COUR	AIA	STATE	
5 I I S III S		22a. I certify that (1) (this hospital) attended the deceased from										
IMPORTANT: If Hem		22b. SIGNATURE	to			DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🔽	,	DATE S	1)
MPORTANT		JAMES V.	· AIK	INS W		ST ACI	VES He	1 pet	al			
-		BURIAL, CREMATION, REMOVA				CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Elkridge	122	COUNTY	07.5	STATE	
_		Burial	12/18,	Me Me	adowr	idge Mem Park	Elkridge,	Howar	a/Md	212	127	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Walters Funeral Home/Pratt & Stricker Streets

BY REGISTRAR 256 REGISTRAR'S SIGNATURE



027518

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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D	0 +	FOR REGISTRAR			IEALTH AND MENTAL HYGI CICATE OF DEATH	0 0	3	4 2	1 1
7	3. SE) 70. BI	Male	MIDDLE SUNNIA RACE SIZE SIZE CITIZEN OF WHAT COUNTRY? 8 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GMT "TREET, ADIT 1423 E. L. M.	DATE OF THE MARRIE WIDOWS	DE DE NEVER MARRIED DINORCED DOR OTHER INSTITUTION	REG. NO 20. DATE OF DEATH 6 AGE (IN YEARS LAST BIR 9 BALTIMORE CITY O 120 USUAL OCCUPATI (TYPEOP WORK FOR MOST OF TYPEOP WORK FOR MOST OF 130 STREET ADDRESS,	MONTH DA	UNDER I YEAR IF	HOUR 1.30 P M UNDER 24 HRS DURS MIN. MD. USINESS OR CD -
	14 FA	ATHER'S NAME FIRST MID	CANAWA:	V	15. MOTHER'S MAIDEN NAM	E WIDD!E		PASKI	NS
1		NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		7 NO.	Mrs. Esther	CANAWAI	1423	ELAN	vales
)	NOI	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE CO. Conditions, if ony, which gove rise to immediate couse (a), stofting the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	P. CARDIORES DUE TO, OR AS A CONSEQUENT DUE TO, OR AS A CONSEQUENT (c)	E OF (AST) CE OF	DMA MULT.		DITION GIVEN	APPROXIMAT BETWEEN ONS!	E INTERVAL
7	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OI	PERATIC	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS NG CAUSES OF	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 220.1 certify that (1) (this hospital) sow the deceased alive on obove, (1) (we) (did) (did not) v 22b. SIGNATURE	DEC. 4 19 8	19 A, ETC)	216 HOW INJURY OCCURRE 216 LOCATION STREET 25 19 6 6 ATTENDING BHYSICIAN D	city OR 10	, 19 Sate and hour o	COUNTY Pl that	
			(MOY, M, D 236. DATE 236. NA	ME OF C	220 ADDRESS 100 N, BROA EMETERY OR CREMATORY	OWAY , 4	BALTO.	m0, 0	2/23/
		Burial UNERAL DIRECTOR NAME NAME	12-8-86 Ba	Plu	eo St. DEC.	BALLINO RECD. BYPE GISTRAR 6 1986	ine	6,3-BICHY, INKE	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Survey E Survey Title 2 mede Market 2 - Till

The William Comment of the Comment o KI MARKET LATE KA KATERIN JE - 12 CHARLES TRANSPORT

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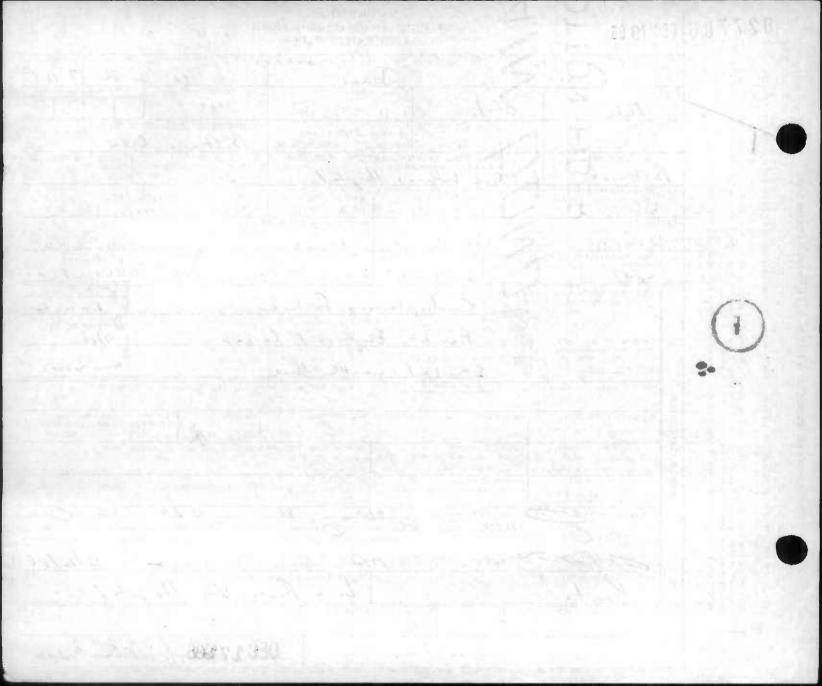
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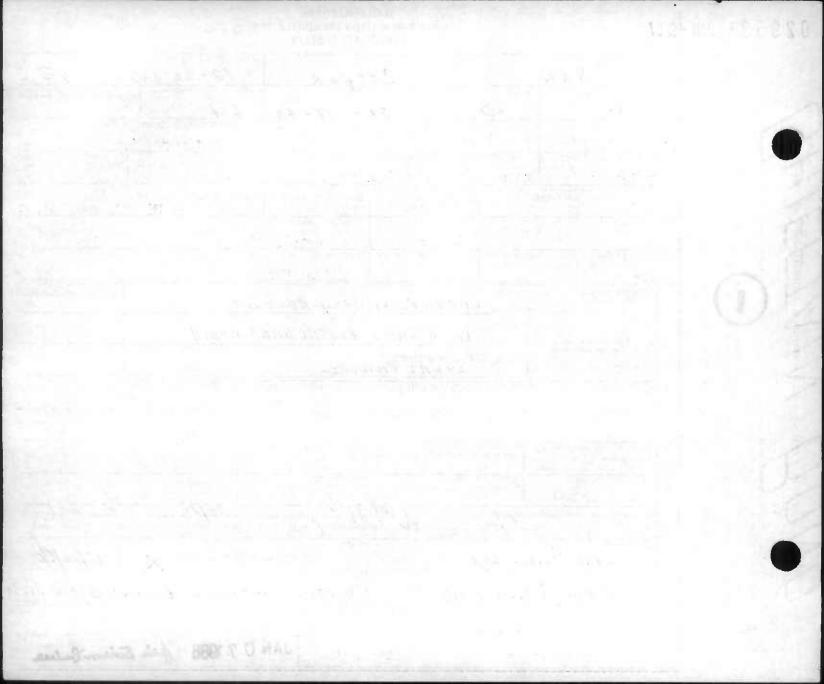
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RAL DIRE detached state Dept NT: If Item				PPER, MD			MEDICAL STAFF DIRECTOR PHYSICIAN	12/20/66
should be det with the Stote			GAYLE A	HOPPER, HD				TIMORE MD 212
			BURIAL, CREMATION, REMOVAL SPECIFY) Removal	12-22-86	23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		24 F	JNERAL DIRECTOR			25q. RAJ	E REC'D BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

AOORESS Balto., Md. 1986 Julia Tender Rudale



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mpletely filled in by the funeral directar, page 3

STATE OF MARYLAND

		91		STATI	E OF MARYLAND		214)	8 4
1	85	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY	rgiene 6 O	10.	
		CEASED NAME FIRST	WIDDLE	t.	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	,	CHARLO	776 -	C	SSPER		12 13 A	2:25 pm
	3. SE)	X	4. RACE	5 DATE C		& AGE (IN YEARS LAST B		
		remale	Black	MONTH 8	- 14- Stel	5 7180	YRS.	S HOURS MIN.
21		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
		S.C.	USA	WIDOWE	DIVORCED [BALTIN	TORE CHY	MD.
0	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION	120 USUAL OCCUPAT		OF BUSINESS OR
7	<u>_</u> b	AL10.	BON SECOUL	3 HOSP.		retited		
100	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY O		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZJP CODE A	4
Market .		MD.	BA	LTO.	YES NO	233 N.	Fulton Au	2. 21225
0	14 FA	ATHER'S NAME FIRST	MIDDLE LA	AST	15 MOTHER'S MAIDEN N	NAME		LAST
		Caesar	— D	avis	Anna		C	211
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDR	RESS	
		No	247-	38.316	DAVID HAI	ruey, Jr	2619 Vide	tAve
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (o),	(b), and (c).)		9		OXIMATE INTERVAL EN ONSET AND DEATH
M			TE CAUSE (a)	EBROVI	ASE UBLAR	ACCIDE	NT	
)		MS 4 - 3 L.	DUE TO, OR AS A CON	SEQUENCE OF				
		Conditions, if any, which	(b)					
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
		underlying couse lost.	(c)					
	NO	PART 2. OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TER	rminal disease or con	NDITION GIVEN IN PART	lro
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	
7	TIFIC					YES NO	IN CERTIFYING CAUS	NO []
	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	B.W. VE.15	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PART)
4	AL	OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR				
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	OWN COUNTY	STATE
	×	AT WORK AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	SIREET	CHIOKI		JIMIC
		22a. I certify that (I) (this haspi	10/10/	/ -	2/12/ 19 1	(1.13.19 12	, that (we) last
		saw the deceased alive an above, (H) (we) (did) (did no	of view the body after death.	_19, or	nd'that in (my) (aur) opinia	on death accurred on the c	date and hour and from t	he couses stated
		226. SIGNATURE	00	MBI	DEGREE		1.0	TE SIGNED
		Collon Kin	na Chopi	a 19/13,1	PHYSICIAN	MEDICAL STA	ICIAN	113/06
		22d. PHYSICIAN'S NAME (TYPE O			220. ADDRESS 34	55 WILKE	ENS AVE	
1		MAN ONTO	TAT		/3	BALTIMORE	MD 21	229
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
		Burial	12/18/86	Cedar	Hill Cem.	Anne Aru	ndel Co., M	d
4		UNERAL DIRECTOR	AD	DDRESS		ATE REC'D. BY REGISTRAL	R 256. REGISTRAR'S SIGN	ATURE
		Wm C March F/H	West 4300	Wabash A	ive. DF	-C 1 6 1986	the Besiders.	andream

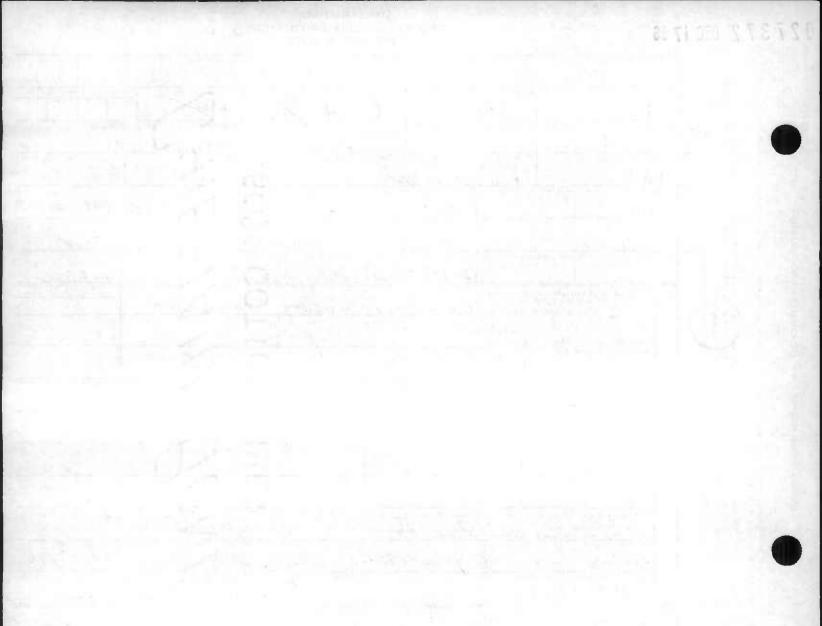
DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital ar

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should be detached for use as the burial transit permit. Then with the State Dept. of Health and Mental Hygiene prior to be TO FUNERAL DIRECTOR, After this certificate hos bress

IMPORTANT: If Item 21 is marked or Item 18 shows only



IMPORTANT: If Item 21 is marked or Item 10 shows any

DHMH - 16 60M 7/B4 (VRA 15, 4)

	STAT	TE OF	MARY	LAND
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500	87	FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AN CERTIFICATE O		NE 3 6	3 4 4	. 00
		CEASED NAME Sulle	in wou	Josper		DATE OF DEATH	3/86 YEAR	34 M
	\$ 5E	male	4 RACE B	B DATE OF BIRTH	15	71	YRS.	ITE HOURS MIRE
2		RTHPLACE (STATE OF FOREKA	USOF A	MARRIED NEVI	DIVORCED	Bart	E. City	MD
1	1	alle Civy	Lon Leve	RSING HOME OR OTHER I		THE USUAL OCCUPATION OF WORK	Washer Indust	D OF BUSINESS OR
100	13a. S	STATE NO COU	PROTEST HERITATION CONTRIBUTED BY	TOWN 134 INSID	The state of the s	3e. STREET ADDRESS A	When Y Sy	21223 Apt 01
)	14. FA	Willie	MOOU BOOK	er is moth	Sinde	WIDDLE	Cook	LAST DEC
		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL S IVE WAR OR DATES) 217-0	37-2677 01	a Feld.	er 229	N moun	+ 57
	NO	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	did full guence of caucer ouence of see-	FO PO	acres for as	to line	ROXMATE INTERVAL LENONSEI AND DEATH LINO LINO
1	TIFICATI	19a. DATE OF OPERATION	196. CONDITION FOR WH	TICH OPERATION WAS PER	RFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED SES OF DEATH?
	MEDICAL CERTIFICATION	saw the deceased alive a abave, (I) (we) (did)	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF	DAY YEAR 19 211 LOCA ST am /2 - 3/ 19 87, and that in (r	ATION REET . 19_86	D (ENTER NATURE OF INJUR CITY OR TO	COUNTY 3/ 19 ate and haur and fram	STATE . that (1) (we) last the causes stated
		22d. PHYSICIAN'S NAME (TYPE	R. Crus	DEGREE M-S 22e. ADD	RESS	MEDICAL STAF	F	ATE SIGNED
		BURIAL, CREMATION, REMOVA (Specify)	L 23b. DATE 1-5-87	Fastview	OR CREMATORY	236 LOCATION CITY OR TOWN	Baltounia	STATE
	24. FL	UNERAL DIRECTOR	/ 7/1 ADDRE	15 AHC	250. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	NATURE LARE

cera la rector, page 3 C

ST	ATE	OF	MARYLAND
31	MIE	VI	MAKILAND

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1-	STATE REGISTRAR			DEPAR		ICATE OF DEATH	GIENE 8	REG. NO	5	4 6	, 6 4
	LEASED NAME	FIRST		MIDDLE	L	AST	20 DATE C		NONTH D	AY YEAR	26 HOUR
(TYPE	E OR PRINT)	LAURA			C00]	PER			12 04	86	00:20 M
3. SE:	×	4.	RACE L)	S. DATE C MONTH Apri	DAY YEAR	6. AGE (IN	YEARS LAST BIRTH		ONTHS DAYS	HOURS MIN
	IRTHPLACE [STATE OR COUNTRY]	FOREIGN 76		what country	MARRIE	D NEVER MARRIED		ORE CITY OR 1timor			
10. C	ITY OR TOWN OF DE	ATH 11	NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USUAL (TYPE OF WO	OCCUPATION OF THE PORT OF	N	126. KIND C	MD. OF BUSINESS OR
-	AL RESIDENCE (IF NUR	SING HOME OR OT		gnes Hos				emaker			
130. 5	STATE STATE	HOWAR	1	13c CITY OR TO	WN	134 INSIDE CITY LIMITS? YES 😿 NO 🗌	13e STREET 6045	ADDRESS /	ZIP CODE	Rd. 2	t City
9 F/	ATHER'S NAME					15. MOTHER'S MAIDEN N					
JO	HN FIRST	MIE	DOLE	INNICK		MARTHA		MIDDLE	3	UHLEI	
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME		166 SOCIAL SEC	CURITY NO.	Mrs. Betty 7	hompson	ADDRES 6045 n EIII	Monts	emery Elkty,	Rd 21043
NOI	Conditions, if any gave rise to imicouse (a), statii underlying couse PART 2 OTHER SIG	mediate ng the last.	(b)	OR AS A CONSEQ OR AS A CONSEQ ONTRIBUTING TO	uence of	asion C	my oc eng 2	Leart SEORCOND	ial ja	lul NIN PART II	etion
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUT	OPSY?		WERE FINDING CAUSES	
MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d INJURY OCCUR	CAUSE OF DEATH	P.	.M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTERN		IN ITEM 18 PAI	RT I OR PART 2)	
MEC		HILE [OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	STREE1		CITY OR TOW	И	COUNTY	STATE
	220.1 certify that (I) saw the deceas abave, (I) (we) (22b. SIGNATURE	ed alive an		19	, ar		MEDICAL		e and hour		
	22d. PHYSICIAN'S N	AME (TYPE OR R	भागी)	PARS		220 ADDRESS Agu	es Ac	7	Ball	in.)
	BURIAL, CREMATION, (SPECIFY)	REMOVAL	12-6-8	86 St	. Hohn	s Lutheran	234 LOC El la	COTE C	ity	Howard	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician a state should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate retained by the haspital ar attending physician.

24 FUNERAL DIRECTOR
HARRYE H. WITZKE & FAMILY FUNRAL HOME, INC. EILICOTT City, 21043

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DEC 1 2 986 Julia Bardan Randon

Baltimore St. Agnos cospital

CARLE LOW PROMODERON CARS - 2 TIED THOULES BRANCH | GRANCH |

Nes. Leity Thompson Fillcoff Title Fine

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POCKE CINA INDIANA PROMITING TO NOT SHOW THE PROMITING OF	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DALLIMORE, MARITEMED AND	2
	7
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be	4
refaired by the haspital of attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3)
should be detached for use as the burial-transit permit. Then please remave carban papers. Pages if and 2 should be filed within 72 haurs after death	3
The second secon	

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DHMH - 16 60M 7

0 (FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	IENE 3 O	S -4	200	O J	
			CEASED NAME FIRST	WIDDIE		AST		MONTH DAY	YEAR 2	b. HOUR	
page 3		{ I T P E	RUTH	COF	RBET	T	Decemb	mer 15.	1986	6:10 AM	
0	Ď	3 SEX		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF ON	DER I YEAR	IF UNDER 24 HRS	
directar	constant of the state of the st		Female	White	Mar		81	YRS.	15 DAYS	HOURS MIN.	
d d			RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D D NEVER MARRIED	9. BALTIMORE CITY O				
funeral	95		VA	USA	WIDOW	DI DIVORCED	BALTIMORE	City	7410		
g)	> .0 , 1 .	200	TY OR TOWN OF DEATH LTIMORE CITY	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVESTREET UNION MEMORIA		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Teacher	F WORKING LIFE) IN	NDUSTRY	kind of Business or Dustry Education		
ely filled in by th	mus be	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Balto.		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE 3900 N. Charles St.,			21218	
	X O	14 FA	THER'S NAME Edward E	MIDDLE Corbett		15. MOTHER'S MAIDENNA/ FIRST Theresa	Crock	ockett			
P	lical		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECU	IRITY NO.	ADDRE	SS				
puo u	medical		No (IF TES, GI		1506	Byron B. H	ertslet.	Balto			
SICIO	t, the			nly one couse per line for (a), (b), on	d (c).)				APPROXIMA BETWEEN ON	ATE INTERVAL	
d o	ewen		PART I. DE ATH WAS CAUSE IMMEDIA								
ndine	natic			DUE TO, OR AS A CONSEQU	ENCE OF	0 " 0 1	,				
atte	fraur		Conditions, if any, which gave rise to immediate	(b) Meta.	stati	c Small Cell		ne			
y th	crem		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUI	ENCE OF	of The 1	ung				
ped b	urial,		PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	V PART IIO		
S S	ta b injun	NO									
has been	ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES			
ysicio	Hygin 8 sho	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE		RY IN ITEM 18 PART 1.	OR PART 2)		
ertifi	ntol ntol		OR CONTRIBUTING CAUSE OF DE		AY YEAR 19						
arrendin	s the bur and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn (COUNTY	STATE	
TOR: Af	of Health		22a.1 certify that; (this hasp saw the deceased alive ar above, (1) (we) (did) (d	Dec. 15 19	De 86.	nd that in (my) (our) apinion (, to death occurred on the do	ate and hour and		ot ++ (we) lost	
AL DIREC	serached ate Dept. T. If Item		22b. SIGNATUR Pfel	wat -		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF .	DEC.	GNED 15-1986	
TO FUNER	with the Sto		22d. PHY JAN'S NAME (TYPE OF	Serlemitos		220. ADDRESS Union Ame	morial Hea	pital	-Bali	timere	
P	5 3 ₹		BURIAL, CREMATION, REMOVAL SPECIEVI Cremation	12/16/86 23c.	_	emetery or crematory n Mount	23d LOCATION GIT OF TOWN Balto.	cou	MD	STATE	
*** ***				W. Jenkins &	Sons	Co 250 DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNATUE	DC ·	
AH - 16	60M 7/B4	144	NAME	VV. JEINTI BURGO	20112	00.	11 . 0				
(VRA	60M 7/B4 I5, 4)			Balto., MD	212	Co.	EU 161986	Anlia Des			

STATE OF MARYLAND

11 11 TEAU Dewnber 15, 1816 6:13 4 The cap is a survey of the cap and the cap orests, as the manufacture of the state of t State E. Concett Indicate and the section of the section of the section of the Respiratory Acrest Partastrate Small Gall Comadomics end all to THE THE WELL AND THE STATE OF THE STATE See in 1999. John C. Selentros Unas Marine Rapited - Butterne respublice to the series Cream pecuals · Jaro E Flag. A ten

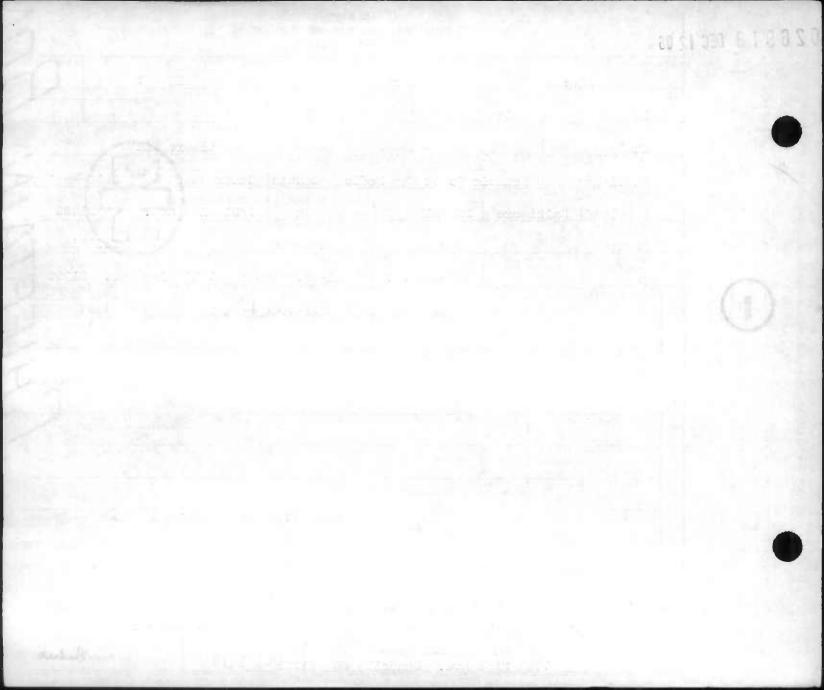
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

1		FOR STATE REGISTRAR			DEPART		ICATE OF DEA		IENE 3	REG. NO	3	sars	3	Ö	Q
		CEASED NAME	FIRST	,	MIDDLE		AST		20 DATE OF D	EATH ~	NIH	DAY	YEAR	26 HOL	JR
	(1.17)		Borio			Coron	a			1	2	7	86	1	М
	3. SEX	X		4 RACE		5. DATE C		YEAR	6. AGE (IN YEA	RS LAST BIRTH	IDAY)	MONTHS	RIYEAR	IF UNDER	24 HRS
	N	Male		White		4					YRS.	MUNINS	DATS	HOURS	MIN.
1	Ja Bi	RTHPLACE (STATE OR FI	OREIGN ,	76 CITIZEN OF	WHAT COUNTRY?	8.	D E NEVER MARI	DIED [7]	9 BALTIMORE CITY OR COUNTY OF DEATH						
/	1	Italy	1	USA	4	WIDOWE			Bal	timor	e Ci	ity			MD.
21	10 CI	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSI		OR OTHER INSTITUT	TION	12a USUAL OCCUPATION 12b KIND OF BU					F BUSINE	SSOR
1	,	Baltimore			Ls Scott	Contr					-emp	loye			
4	13a S	AL RESIDENCE (IF NURS	NV COUN	Olivelia institution,		RE ADMISSION)	13d INSIDE CITY L		13e.STREET AL				2	1222	
6	In FA	Maryland	раті	timore	Duildalk		15 MOTHER'S MA			WI3C	Ave.		2.	1222	
4		FIRST	^	MIDDLE	Corona		FIRST			MIDDLE			Scil		
4	160. V	Gaetano WAS DECEASED EVER	IN U.S. ARA	MED FORCES?	URITY NO.	17 INFORMANT	seppa		ADDRES	S		JC II.	LIG	- 10	
2	TYES NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 220-44-8523 Maria G. Corona 7921								Wise			2122			
		PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)] [MMEDIATE CAUSE (a)] [MMEDIATE CAUSE (b)]											APPROXI BETWEEN O	MATE INTER	RVAI DEATH
	NO	gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									IVEN IN	PART 110	1		
7	CERTIFICATION	190 DATE OF OPERATION 196 COND			ITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF YES, WERE FIND IN CERTIFYING CAUSES YES NO YES YES						TH?
1		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	175	M. MONTH D	AY YEAR	21c HOW INJUR	Y OCCURR	ED (ENTER NATU	RE OF INJURY	IN ITEM 18	PART I OR	PART 2)	-	
	MEDICAL	21d. INJURY OCCURR	ILE 🗆	21e PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET			CITY OR TOW	N	co	YTAU	5	STATE
		220.1 certify that (1) saw the decease above, (1) (we) (d	d alive on	10	195	h s	nd that in (my) (aur) apinian d	eath occurred	an the dat	e and ha			that(1)(
,		27h SIGNATURE	in	e		_	PHYS	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		27	L DATE	SIGNED	-86
/		JO VV	e P	tno	ursm		1 ,	co H			el	ilu	2	G	to
		BURIAL, CREMATION, (SPECIFY) Buria	al	23b. DATE 12-1	0-86	Holy F	EMETERY OR CREA			timor					STATE
4	24 FU	UNERAL DIRECTOR	Du 7	da-Ruck 922 Wis	Funeral e Ave.	Home Dunda]	of Dunda	180. DATE 222	C 1 01	986	5b REGI	STRAR'S	SIGNAT	Randa	as.

DHMH - 16 60M 7/84

MPORTANT B

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 0

1					REG. NO	(.		
	PCEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	HTMON	DAY YEAR	26 HOUR
L	John	р	Cott		December		1986	Α
3.3	SEX	4. RACE	5 DATE (6. AGE (IN YEARS LAST BIRTH	(DAY)	MONTHS DAYS	HOURS MIN.
L	Male	White	10	24 25	61	YRS		
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNT	Y OF DEATH	
1	Maryland	USA	WIDOW		Baltimor	e Ci	tv	WE
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPATIO			F BUSINESS OR
1	Baltimore	Francis Sc	ott Kev Me	dical Center	Crone Millw			Steel
13c	UAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESID	Y OR TOWN		13e STREET ADDRESS /	_		
	Maryland Ba		lgemere	YES NO T	2906 Delma			19
140	EATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA			LAS	,
L	John P. Cotte		(43)	Ida	MIDDLE		Dels	
160	WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17. INFORMANT	ADDRES	S		
H	Yes WW		7-18-5577	Margaret S	Cotter 29	06 D	elmar A	ve. 212
	18 CAUSE OF DEATH Enter on	nly one couse per line for		1 AG . C			APPROX	MATE INTERVAL ONSET AND DEATH
	PARTI, DEATH WAS CAUSE	D BY:	SIBLE	ACOTE	MYOCAN	201	BC	ONGET AND DEAN
	IMMEDIA			INFARC	7700			
	Canditians, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF	//-///	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	gave rise to immediate	(b)			1			
П	cause (a), stating the underlying cause last.	DUE TO, OR AND C	SALE OF STREET	TENSIC				
п	PART 2 OTHER SIGNIFICANT O	(SI CONTRIBU	TING TO DEATH BUT	NOT DELAYED TO THE YEAR	NAME OF THE OWNER	1710110	0/5/1 (0.1.0.7.3)	
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBO	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GI	IVEN IN PART III	a .
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YF	ES, WERE FINDIN	NGS USED
H					YES T NOT		IFYING CAUSES	OF DEATH?
1 2	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	/	21c HOW INJURY OCCUR				140
	OR CONTRIBUTING CAUSE OF DEA	4117	NTH DAY YEAR					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJUI	19	21f LOCATION				
×	WHILE NOT WHILE	AT HOME STREET FACTO	RY, OFFICE FARM, ETC)	STREET	CITY OR TOW	2	COUNTY	STATE
	220.1 certify that III (this your		-16	8/19 83	10/3		86	.1
	saw the deceased grow no	nail anymada mir deceds		nd that in (my) (aur) opinian	death accurred on the dat	e and ha		that (II (we) last
н		when the body after dec	oth.	DEGREE		e and no	-	
	11/11/11	len		ATTENDING _	MEDICAL STAFF		IR. DATE	24/10
1	and bullet of the state of			PHYSICIAN	DIRECTOR PHYSICI	AN [14	27/0
	224 HIYSICIAN'S NAME (TYPE O	1 113		22e ADDRESS			/	/
L	Dr. 20	River			d Rd. Baltin	ore.	, Maryla	nd
230	BURIAL, CREMATION, REMOVAL		The second second	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
L	Burial	12-26-86	Sacred	Heart of Jest	us Baltimo	re,	Marylan	đ
24	FUNERAL DIRECTOR	Wice Ave	ADDRESS	25a. D.T.	FREG D BY REGISTRAR 2	Sh. PEGIS	TRAR'S SIGNAT	URE
	Duda-Ruck Inc.	Dundalk, M	aryland		- 5 a B00	Julia	- Deviden	Colors,

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Budward Contains Sandal Contactor

STATE OF MARYLAND

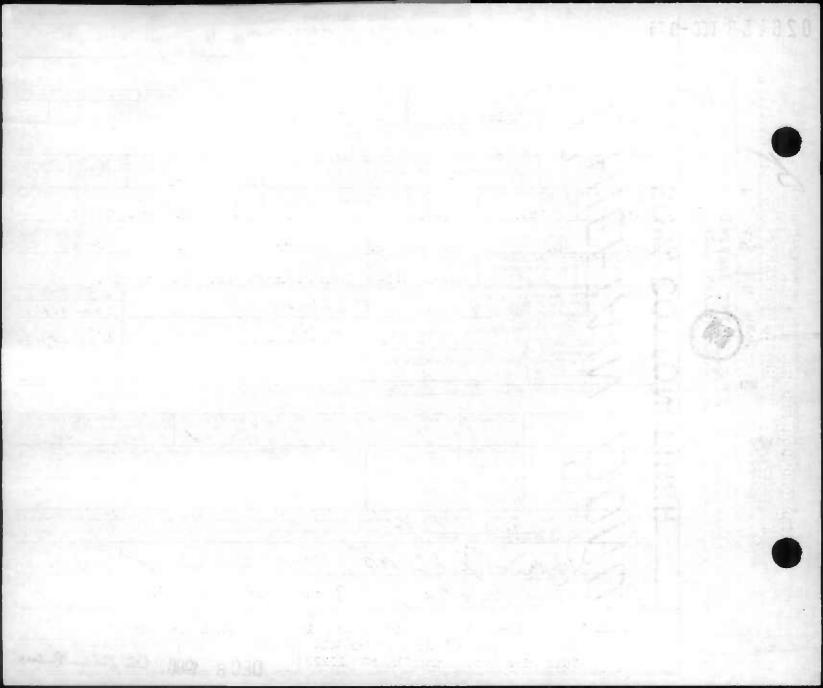
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🧆

Julia Divideon Rondock

3		REGISTRAR			CERTIFICATE OF DEATH REG. NO.								
1		CEASED NAME FI	RST /	MIDDLE	LAST		20. DATE OF E	EATH MO	NTH DAY	Y YEAR	26 HOUR 8:12A		
	/		ARBARA	C	RAFT		DECEMB	ER5,	1986				
	1.5E	×	4. RACE	5	MONTH DAY	YEAR	6. AGE (IN YEA	RS LAST BIRTHD		UNDER I YEAR	IF UNDER 1	A HR	
		emale	White						YRS.				
<	(IRTHPLACE (STATE OR FORE) COUNTRY) CARVIAND	GN /b. CITIZEN OF	1	MARRIED MEVER	MARRIED -	9 BALTIMOR						
100		ITY OR TOWN OF DEATH			HOME OR OTHER IN:		BALTI			12b. KIND OF BUSINESS			
IA		ALTIMORE	THE "SU	OHN S HOP	Kins Hos		Book K	OR MOST OF W	ORKING LIFE)		J. 500		
10	Tae 5	AL RESIDENCE IF HURLING	COUNTY	GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN		CITY LIMITS?	13e.STREET AL	DDRESS / Z	IP CODE				
	M	aryland	Balto.	Eastwood	YES [NO X		alton		2122	24		
	14. FA	ATHER'S NAME	WIDDIE	LAST	15. MOTHER	'S MAIDEN NA	ME	MIDDLE					
50	DE	lmer	D.	Melton,	Sr. Ju	lietta		V.		Rya			
	160 V	WAS DECEASED EVER IN L	J.S. ARMED FORCES?	166 SOCIAL SECURIT				ADDRESS				_	
2	N		YES, GIVE WAR OR DATES)	212-36-7	034 John	J. Cra	ft, Sr.	Sam	e as				
		18 CAUSE OF DEATH	nter only one couse per	line for (o), (b), and (11 1				BETWEEN	ONSET AND	DEAT	
		PART I. DEATH WAS	MEDIATE CAUSE (0)	Ventricul	ar Fibr	124.00	1			30 4	ninej	1.	
		Conditions, if ony, wh gove rise to immedi couse (o), stoting underlying couse li	ote (b)	RAS A CONSEQUENT	died to	ntract	104			No	125,	195	
7	CERTIFICATION	PART 2 OTHER SIGNIFIC			ATH BUT NOT RELATE		200 AUTOP	SY? 21	Ob. IF YES, V	WERE FINDI	NGS USED		
\sim	RT	71a ACCIDENT WAS UNDERLY	ING 7 21b. TIME O	E INTITION	121. HOW!	NUIDV OCCUPE	YES NO YES NO [CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)						
7		OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH DAY	YEAR	NJURT OCCUR	KED (ENTERNATU	RE OF INJURY IN	ITEM 18 PART	I OR PART 2)			
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARA				CITY OR TOWN		COUNTY	ST	ATE	
9		22a I certify that (I) (this	live on 12/5	e deceosed from 19		19_36 (our) opinion	, to/	2/5 on the date	, 19	26 and from the	that (1) (w	e) lo	
Y		sow the deceased alive on 12/5 19 86 , and that in (my) (our) opinion death occurred on the date and hour obove. (I) (we) (drd) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR								12/5/86			
		Ray mand		K, IR	70 Jo	hns Ho	pHins 1	Hosp.	101				
	-1	BURIAL, CREMATION, REA ISPECHY) Burial	12-9-8	36 Ga	ME OF CEMETERY OR rdens of F	aith	23d LOCAT Balt	iown Lmore	Mary.	land	51	ATE	
	24 FL	UNERAL DIRECTOR DU	da-Ruck Fu 22 Wise Ave	ADDRESS			DEC O	SISTRAR 256		R'S SIGNAT		da	

DHMH - 16 60M 7/B4

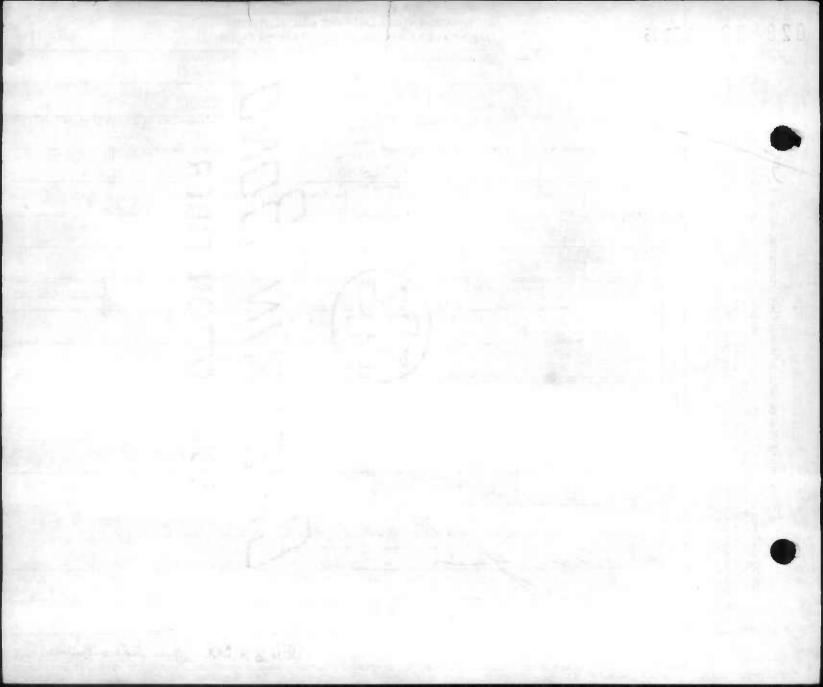
(VRA 15, 4)



28127 DEC	2	FOR STATE REGISTRAR		DEPARTM	STATE OF MARYLA ENT OF HEALTH AND N CERTIFICATE OF D	MENTAL HYGIE	NE & &	3 4 2	8 1
		DECEASED NAME	FIRST	WIDDLE	LAST	2	O. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
2 71	{T	YPE OR PRINT)	SUNICE	M.	CRAIG			12/15/86	3:15 Au
to the population of the de	3.5	Earnal E	4. RACE	nk.	5. DATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIR	MONTHS DAYS	
_ 01 01 to	1/10	BIRTHPLACE I STATE OR FI	OREIGN 7h CITIZEN OF	WHAT COUNTRY?	1 /0	0	BALTIMORE CITY O	YRS. DR COUNTY OF DEATH	
	5	COUNTRY	USF	1	MARRIED NEVER M	VORCED 🖫	Baltin		MD.
1 14	0 "	Sultimore		HOSPITAL, NURSING THEACILITY, GIVE STREET AT TO MEDICAL	' n n	TITUTION / 12	TO USUAL OCCUPATION OF STATE OF WORK FOR MOST STATE OF WORK FOR MOST STATE OF THE S		OF BUSINESS OR
Miled in			NG HOME OR OTHER INSTITUTION 13b COUNTY	130 CITY OR TOWN Ba (+, no)	1 13d. INSIDE CI	ITY LIMITS? 13	e STREET ADDRESS		21217
MARYLA of without	0	FATHER'S NAME FIRST AM	MIDDLE	mills	15. MOTHER'S	MAIDEN NAME	MIDDLE	W, i,	lains
IMORE.	160	WAS DECEASED EVER [YES, NO OR UNKNOWN]	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	244-68-7	17 NO. 17 INFORMATE 293 Edna	2	raig 3	3402 Wood	Hard Ar
T., BALT		PART I. DEATH W	H (Enter anly ane cause per AS CAUSED BY: IMMEDIATE CAUSE (a)	r line far (a), (b), and	CARPIO	RECPI	RATORY	SPRE T	XIMATE INTERVAL NONSET AND DEATH
opures that the death of the please of the object of the object of the operation of the object of th	NO		which (b)	R AS A CONSEQUEN	ACE OF 241	MPHO		DITION GIVEN IN PART 1	10
NA RECOR	THICATION	9a. DATE OF OPERAT	ION 19b. COND	ITION FOR WHICH C	DPERATION WAS PERFOR	RMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
OF VITA CLAN T g physics printicote control Hyg	A CERT	OR CONTRIBUTING C	AUSE OF DEATH HOUR A.	OF INJURY .M. MONTH DAY .M.		JURY OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART OR PART 2)	
IVISION offerfor of the for the for the for	MEDICAL	21d INJURY OCCURR	RED 21e. PLACE		211 LOCATIO	NC	CITY OR TO	WN COUNTY	STATE
OTTENDIN priol es for une on of Health		saw the decease	(this hospital) attended the dalive an 12 lid) (did not) view the body	15 19	Sp. and that in (my)	, 19 86 (aur) apinian dec	, ta	pte and have and from the	, that (I) (we) last e causes stated
At OR A DIRECTOR DIRECTOR Dept.		22h SIGNATURE	Lednes	X. C		ATTENDING PHYSICIAN [] [MEDICAL STA	FF _ / / / / / /	ESIGNED
D MOSFIT toked by D FUNER hould be other		22d PHYSICIAN'S NA	ME (TYPE OR PRINT) PUVINA	c.cm	TO CA	_	Mp10	se oth	ITER
2112	23	BURIAL, CREMATION,			AME OF CEMETERY OR C		23d LOCATION	COUNTY	STATE
BP		Burial	12/20/8	36 Dru	id Ridge Cemete	ery	Baltimore	Со	Md
DHMH - 16 60M 7/B4 (VRA 15, 4)		March Funeral	Home West 430	O Wabashis Ave	enue	DEC S	2 3 1986	25) REGISTRAR'S SIGNA	PREdate

19 23 180 Transport

24			FOR			DEPAR	STA.	TE OF M			YGIENE					
1281	133 DEC	30	STATE REGISTRAR			MEDICAL	EXAMIN	ER'S C	ERTIFI	CATEO	F DEA	H O	REG. NO	5 4	2 3	U
			CEASED NAA	AE FIRST		MIDDLE			LAST		20	DATE KN	IOWN []	MONTH	DAY YEAR	Zb. HOUR
1	Ward Stri	(11)	PE OR PRINTS	Benjam	in			Crans	shaw			OF E	ATED X	12-20	1986	AA
	PLEAS HCTOR HCUR STREET	3. SE.	X	4. RACE		OF BIRTH	6 AGE IN YEA	ARS IF UNI	DER 1 YR.	IF UNDER				MONTH	DAY YEAR	24 HOUR 9:05
	ON STATE		M	В	6/4	4==	69 YE	, Internation	S DAYS	HOURS	MIN. P	RONOUNCE	ED	12-20	1986	p. M
_	SEAL SEAL	7u. 9	HPLACE I	STATE OR		N OF WHAT COU	INTRY?	8. MARRIE	ED [] NE	EVER MARRIE	P 7	BALTIMO	RE CITY OF	R COUNTY	OF DEATH	
	DE LE	K			T	LS.A.		WIDOW		DIVORCE	-	Balt	imore	City	,	MD.
	PERT	10. C	EVPOR ITY OF TOWN	OF DEATH		OF HOSPITAL, N		, OR OTHE	R INSTITU	JTION		OCCUPAT		OF WORK 12	OR INDUST	JSINESS RY
7	PAGE 10 THE 10 T		Baltimo		63	S. Morl	ley Aver					ired	,	B		Steel
5	TAIN TO THE TAIN TO THE TAIN T		AL RESIDENCE	E (IF IN NURSING HOME OF			CE BEFORE ADMISSION		13d INSIDE	CITY LIMITS?		T ADDRESS		2	120	164
212	A A PLOS		Md.				Lto.		YES	NO 🗌			rlev	St	-1000	- 1
WD	NEW X	14. F	ATHER'S NAM	NE .	MIDDLE		LAST			ER'S MAIDE	NAME	MIDD			LAST	
10	N GES	I	ester	Cranshaw					G	race	Crai	nshaw				
W	-790 pp15	16a. \	WAS DECEAS	ED EVER IN U.S. ARM	AED FORCE		OCIAL SECURITY	YNO.	17. INFOR	MANT			ADDRESS			
ALT	AS ATER GIVE PA WITH FO PAGES DIVISION		no				3-09-9	846	Shi	rley	Crai	shaw	Eig	hts	Kinsle	ev St
- 2	2 × 1		18 CAUSE	OF DEATH (Enter and	y ane caus										APPROXIMAT BETWEEN ONSE	
N	¥ E S E E E		I CANTIL	IMMEDIAT	E CAUSE (0/	ciple St		ounds	5						
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<u>a</u>	UTED WITHIN 24 IN PENCIL IN ITE EXAMINER ALCA SIAL - TRANSIT PER O MENTAL HYGIE ON, OR REMOVA		gave	ans, if any, which	· ·	b)										
*	WEN YEN			a) stating the <u>under</u> - ouse last.	DUI	ETO, OR AS A CO	NSEQUENCE (OF.								
5, 20	TON A PARTY					c)										
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	HOUD BE EXECUTED WITHIN 24 RD. "REDDING". IN PENCIL IN IT HEF MEDICAL EXAMINER ALG. HOSED AS A BURIAL. TRANSIT P OF HEALTH AND MENTAL HYG. PRIAL, CREMATION, OR REMOV.	Z	PARI 2 OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE	OR CONDITIO	ON GIVEN IN PAR	T 1 sa					
REC	- CR	CERTIFICATION	190 DATE O	F OPERATION	196	CONDITION FOI	R WHICH OPER	ATION W	AS PERFO	RMED?					20. AUTOPSY	2
TAL	SHOULD ORD "PEI CHIEF N SE USED A SURIAL, O	IFIC,			- 1										YES XX	
P V	WO HE OF THE OF	ERT	210 EXTERN	IAL CAUSE WAS	21b.	TIME OF INJURY	(est.)	21c. HO	W INJUR	Y OCCURRED) (ENTER NA	TURE OF INJURY	IN ITEM 18 PA	ART I OR PART 2		NO [
N N	CERTIFICATE TING THE WO DED TO THE 3 SHOULD B DEPARTMEN' PRIOR TO B	ALC	UNDERLYIN	IG XXOR TING CAUSE OF D		? P.M. 12-	+ DAY YEAR -20 19 86	Sub	iect	was s	tabbe	d				
ISIO	PRIO TO	MEDICAL	21d. INJURY		21e	PLACE OF INJUR	Y (AT HOME.	21f. LOC	ATION	Wab b						
NO N	THIS CERTIFICATE SHOULD, WRITING THE WORD."PWARDED TO THE CHIEF. PAGE 3 SHOULD BE USED TATE DEPARTMENT OF HE 21201 PRIOR TO BURIAL,	W	WHILE AT WORK	NOT WHILE	3	STREET, FACTORY, FARM Home	ETC.)		S. MC	orlev i	Avenu	e. Ba	ltimo	re, M	arylan	d
	NER: THIS CERTIFICATE SHE CICATE, WRITING THE WORL TO THE CH TO THE CH TO THE SHOULD BE UTHE STATE DEPARTMENT O AND, 21201 PRIOR TO BUR			tify that I taak charge	(th		(-1 -1	Autaps		Inspection			7			
	SICAL EXAMINER: ETHE CERTIFICATE SHOULD BE FOR ERAL DIRECTOR: ERATH, WITH THE SORE, MARYLAND,		death resu	,	al causes	Acciden		cide .	y 4224	icide XX		Inquiry L		In my apini	an	
	IN BE		geom resu	irea train: Nature	ai causes	. Acciden	. 30	icide L		SPECIFY)	Onderer	minea mann	ler .			
	WHO HE		ACTUAL SEGNATURE	Ula	_	9-		44		istant	MEDIC	AL EXAMIN	ED	DATE SIGNED.	12-21	-86
	SEA SEA	1	and another the		1		January Tolland	,,,,				AL EXAMIN	EK	SIGNED.		
		-	EXAMINER'S	NAME Will	dam 1	M. Zane,	M.D.		ADDRESS_	111 P	enn S	st., B	alto.	, Md.	2120	1
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLMORE, MARYLAND, 21201 P	23a. B	URIAL, CREM	ATION, REMOVAL 2	b. DATE	230	NAME OF CEA	AETERY OF	CREMAT	ORY	23d. LOC	ATION		COUNTY	C1	TATE
07/84	BP		Bur	ial	12/	27/86	King I	Mem.	Pk.	HEAT	Ba	lto.	Md.	2001411	5	1016
25M	DHMH - 17	24 F	UNERAL DIRE			ADDRESS				250. DATER	EC'D. BY F	EGISTRAR	25b. REGIS	TRAR'S SIG	NATURE	
	(VR A15 ME (5))		Leroy	O. Dyet	t 46		erty He	eigh	ts	DEC	291	300	Julia	Daviders	n. Kandal	



1101 E. NORTH AVE.

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Lea Devidern Kandallo

(VRA 15, 4)

02 CO 1 B DEC+1 15

BP **DHMH - 17** (VR A15 ME (5))

Burial

24. FUNERAL DIRECTOR

Dec. 15, 1986 Meadowridge Memorial

Elkridge

Howard

Walter Brooks Bradley, Inc. Dundalk, Md. 21222

6

Jaridson- Pandall



027225 DEC

ST	ATE OF	MARYL	AND	mounted .	
MENT O	F HEALT	H AND	MENTAL	HYGIENE	

DEPART CERTIFICATE OF DEATH

Cummings

5. DATE OF BIRTH

	B O REG. NO.	4	£ 110	#	1
	26 DATE OF DEATH MONTH	DAY	YEAR	26 HOU	IR
	12	11	86	050	25 M
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
	64 YRS.	MONTHS	DAYS	HOURS	MIN.
1	9. BALTIMORE CITY OR COUNT	Y OF DE	ATH		
,	BALTO. CIT	1			MD

7 - 1

COTHIEAT	1	MARRIED	MARRIED NEVER MARRIED	
ryland	Uia.	WIDOWED	DIVORCED	
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		ER INSTITUTION	
21-1-2-	(IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)		

76. CITIZEN OF WHAT COUNTRY?

Bernard

12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE LIVILLERSITY OF MD. CAMCERCENTE ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS?

VEAR

Manager Seafood Packing 13e.STREET ADDRESS / ZIP CODE 2 Deepwater Point Road

21663

12h KIND OF BUSINESS OR

INDUSTRY

Maryland	Talbot	St Michaels
FATHER'S NAME	MIDDLE	LAST

Jesse

4. RACE

REGISTRAR DECEASED NAME (TYPE OR PRINT)

BIRTHPLACE ISTAR OFFORION .

JSUAL RESIDENCE IN MUNITING

16g WAS DECEASED EVER IN U.S.

Conditions, if ony, which gove rise to immediate couse (a), stating underlying cause

SEX

yes

17 INFORMANT

NO 15. MOTHER'S MAIDEN NAME

Constance J Cummings 2 Deepwater Pt Rd

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o

ARMED FORCES

MAY

PART 2 OTHER SIGNIFICANT CONDITIONS (

198 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		
2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY	
21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	

YES [21c HOW INJURY OCCURRED

20a AUTOPSY?

NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 1711
above, (1) (we) (did) (did not) view the body after death

and that in (my) (aur) apinion deoth occurred on the date and hour and from the causes stated

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NO I

STATE

MD

22b. SIGNATURE DEGREE

23b. DATE

12/13/86

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

Easton

22c. DATE SIGNED

22d. PHYSICIAN'S NAME

23a BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

Spring Hill Cemetery

22e. ADDRESS

23d LOCATION CITY OR TOWN

Burial 24 FUNERAL DIRECTOR

MEDICAL

Newnam Funeral Home

Easton Maryland

CITY OR TOWN

REGISTRAR 25b. REGISTRAR'S SIGNATURE

Talbot

DHMH - 16 60M 7/84 (VRA 15, 4)

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 					44

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

2

	19-	STATE DEGISTRAR	DEPARI		ICATE OF DEATH	REG. NO.	
1		CEASED NAME FIRST CAROL	MIDDLE		SINGHAM	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 1505
١	I. SEX	(4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
1		Female	White	1 MONTH	19 1941	45 YRS	MONTHS DAYS HOURS MIN.
1	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) W York	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOW	NEVER MARRIED	Baltimore C	TY OF DEATH
0.00	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Good Samari	NG HOME (120 USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING Bus Driver	126. KIND OF BUSINESS OR
1	Ma Ma	AL RESIDENCE IF NURSING HOM OF STATE 136 COUNTY 136 COU	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	15. MOTHER'S MAIDEN NA	13. STREET ADDRESS / ZIP CO 2007 Tyrone ME	
-		ames			Margaret		Elias"
		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV			Robert Cun	ningham San	me as 13E
		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF	A	INAL DISEASE OR CONDITION C	184
	CERTIFICATION	19a. Date of operation	196 CONDITION FOR WHICH	H OPERATIO	n was performed	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM H	8 PART OR PART 2}
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
-		sow the deceased alive on above, (I) (we) (did) (did no	attended the deceosed from 12 19 19	86.01		to 12 4	
		226. SIGNATURE	an			MEDICAL STAFF DIRECTOR PHYSICIAN	12-4-86
		RANDEEP	MANN		GOOD SAM	IRTAN WOSPT	TAL. BALTIMORE
-		URIAL, CREMATION, REMOVAL SPECIFY)			EMETERY OR CREMATORY	23d LOCATION	Carroll Ma

(VRA 15, 4)

DHMH - 16 60M 7/84

BP.

cremation

FOR

n | 12/5/86 | Car Thomas D. Fletcher 254 East Main St. Westminster, Md. FUNERAL DIRECTOR DEC 9 1986 Julia Denten Rules NAME 21157 unil

Dischool of the Country

How ord U.S.A. althord Dity

altinora Good Seartian . A liver Dity

arriand Carroll Restminster . Arrests . Date one Oned 20157

Arrest . Arrests . Date one 138

no . G.G.-32-716; Robert Cumnington . ame as 138

on Liornat bearages denoite was filered of our most re-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b HOUR UNNINGHAM IF UNDER 1 YEAR IF UNDER 24 HRS 24 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED T 12h KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE! INEMY 21212 13e.STREET ADDRESS / ZIP CODE 1121 N. Lake wood Ave NO 15. MOTHER'S MAIDEN NAME MIDDLE arver MCPS ADDRESS 17 INFORMANT Blondina Beard 1121 N. La Kewood Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OF TOWN COUNTY STATE 16 and that in (my) (and opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING DIRECTOR PHYSICIAN PHYSICIAN

DHMH - 16 60M 7/84

should be

(VRA 15, 4)

230 BURIAL CREMATION, REMOVAL

BURIAL 12 24 FUNERAL DIRECTOR

86 12

23L NAME OF CEMETERY OR CREMATORY AUBURN

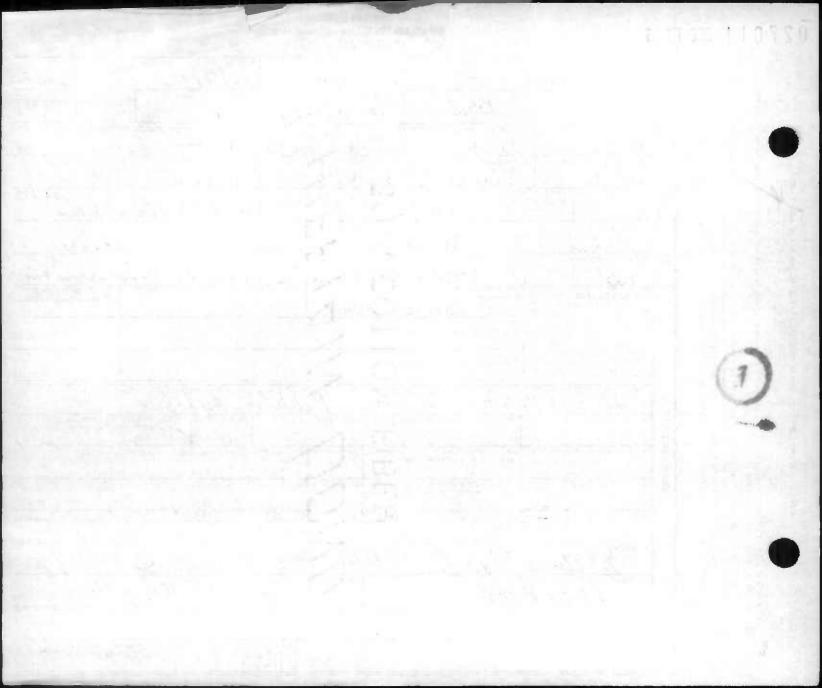
23d. LOCATION BALTO

COUNTY

STATE MD

FUNERAL HOME 7707 NORTH

250. DATE REC'D. BY REGISTRAR 25b. REGISTRARIS SIGNATURE



INERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

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	n.e		CEASED NAME	Susi		T.	6	RIPW	2a. DATE OF	DEATH MONTH		AR 26 F	HOUR OM
e 4 may	p softer of softer of	1.56	Fon		RACE	lack	5. DATE O	FBIRTH O	6 AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS I	YEAR IF UP	NDER 24 HRS
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AL REC	the property of	TIFICA	196 DATE OF O	PERATION	196. COND	II ION FOR WHICE	- OPERATIO	N WAS PERFORMED	200 AUTO		F YES, WERE F ERTIFYING CA YES [USES OF D	
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TTENDIN	CTOR. Att		220.1 certify th	at 41 (his haspit	Derem	cer 23 19	Decem	d that in-(my) (our) apinian	death accurred	an the date and			(we) last

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

APORTANT, IF IS

226. SIGNATURE

O FUNERAL DIREC

23b. DATE

900 236. NAME OF CEMETERY OR CREMATORY

Baltimore (Noty)

256. Date recid. By Registrar 256. Registrar's Signature

DEC 30 1986

MEDICAL STAFF DIRECTOR PHYSICIAN

22c. DATE SIGNED

Susies It seles Flore Black to as some Ruth age of South Waspital Caseman Terusia NOT PLANTING V THE KEEVE DESCRIPTION Burkey Waterman Companie STELL OF THE MEDICAL EXCIPTION SALES GARAGES AND STELL STATES All was a sure of the sure of 060308330

tett DEC	31.	GOR GATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B 5	3 4 2 9 7			
oy be deoth		OR PRINT)		DALFONZO	20 DATE OF DEATH MONTH	25 86 3145PM			
e 4 me	3. SE	Male	White	october 4, 1932	6. AGE (IN YEARS LAST BIRTHDAY) 54	MONTHS DAYS HOURS MIN.			
deoth. Pag		RTHPLACE (STATE OR FOREIGN)	u.s.a.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Cou	NTY OF DEATH City MD.			
s offer o		TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Church Hospi		12d USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK IN SELF-Employed)	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY AUTOMOTIVE Electrician			
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and 2 to 1	/10	THER'S NAME TOSEPH T	Thomas Dallfor	15. MOTHER'S MAIDEN NA 120 Elizabeth		RuhTing			
e execut	160.	VAS DECEASED EVER IN U.S. ARA	ROPEAS 216.28.05		Dalfonzo (Wife	e) (Same as 13e)			
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ires that we death cer gned by the attending no please important of burral, criminal arrival.	Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								
he low requon. On. to be been so the prior to one one one one one one one one one on	CERTIFICATION	19a DATE OF OPERATION	19b CONDITION FOR WHICH (OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc			
SICIAN: TI ng physici certificate uriol-tronsil tentol Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	N 18 PART OR PART 2)			
offendil offendil fer this os the bu h and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CITY OR TOWN	COUNTY STATE			

should be detoched for use o with the State Dept of Health IMPORTANT: If Item 21 is mon TO FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial

226 SIGNATURE

24. FUNERAL DIRECTOR

12.29/1986

22a.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

22e. ADDRESS

23d. LOCATION Balltimore

ad that in (my) (our) opinion death occurred on the date and hour and from the causes stated

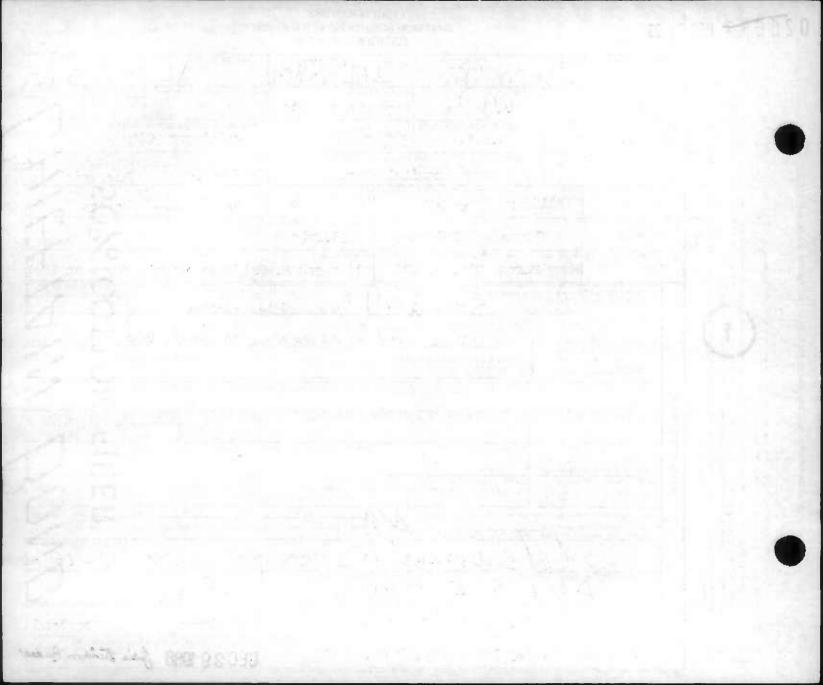
MEDICAL STAFF

Maryland

22c. DATE SIGNED

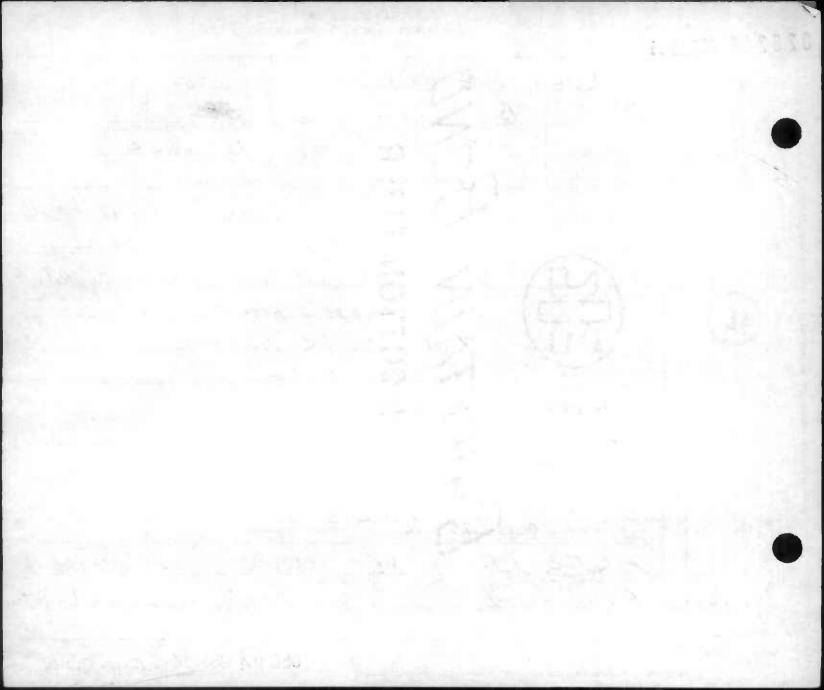
ATTENDING PHYSICIAN

Walter Brooks Bradley Inc., Dundalk Md. 21222



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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e 4 may be the page 3 after death	1.06	CASED NAME FIRST	A MAE	DALLAS 5. DATE OF BIRTH MONTH DAY YEAR OH 12 3 A	20 DATE OF DEATH MONTH D	YEAR 26 HOUR 3 86 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
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nd demaidely gen deligible decol teamine	16a V	VAS DECEASED EVER IN U.S. AR	MIDDLE BIA	15 MOTHER'S MAIDEN NA	ADDRESS	Stokes
the seems contring the committee physical error or colored or matrix. O's error or tround life contri-		18 CAUSE OF DEATH Enter onl PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the	E CAUSE (a) CE	sequence of sequence of sequence of	1 Bleeding	APPROAMATE INTERVAL BETWEEN ONSET AND DEATH
gned by the plant of the plant of the plant of the		underlying cause last. PART 2 OTHER SIGNIFICANT C		OCTO RENG FG / WE GTO DEATH BUT NOT RELATED TO THE TERM		EN IN PART 110
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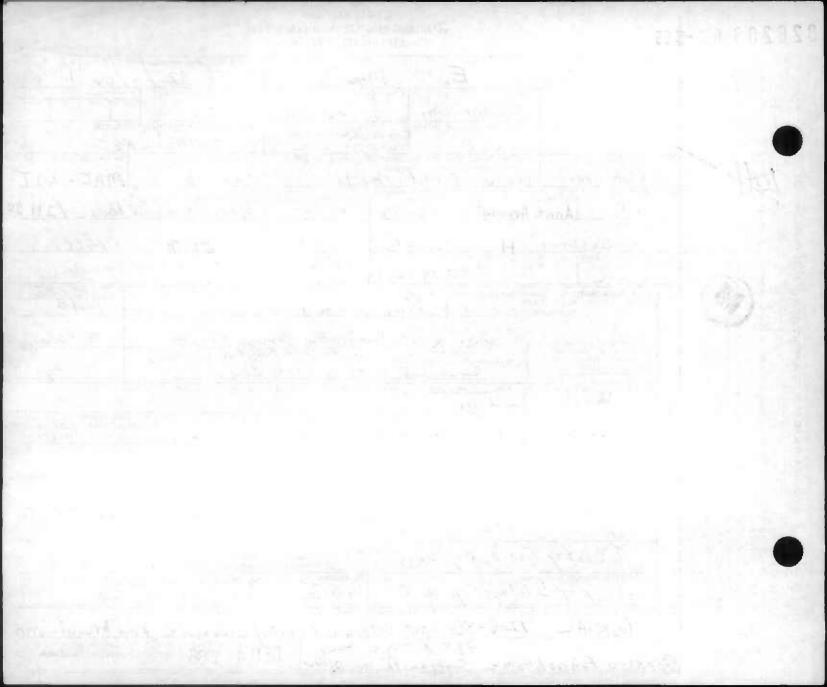
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 2 6 2 0 6 DEC - 1 86 STATE REGISTRAR 1. DECEASED NAME FIRST 7a. DATE OF DEATH 26 HOUR (TYPE OR PRINTI HPAES 1. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) UNDER I YEAR IF UNDER 24 HRS MONTH YEAR MALS Cauc ASIAn (0 25 To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY enis of Med REFIRED UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE millersville YESX 8440 wood land NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME EAIZL waniels 166 SOCIAL SECURITY NO. 17 INFORMANT Clara Daniels - wife - SEE Address a Sour (IF YES, GIVE WAR OR DATES) 218-14-2984 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY aug IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burger of siblE Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Massing Carelellow YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram 19 86 saw the deceased alive on abave (1) (we) did (did not) view the body after death. _, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN South accome st anin Manyland 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 250. DATE/REC'D. BY REGISTRAP 256 REGISTRAP'S SIGNATURE DEC 4 1986 24. FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

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27568 DE	11	STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	(TYP)	OR PRINT) MALE	DANSON		12	-10-46 1210
ge 4 mo ector, po rs ofter c	3 SE	Malo	Matke	S DATE OF BIRTH MONTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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24 hour	130 130	AL RESIDENCE (IF NURSING TOTAL)	HER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION) 13d. INSIDE CITY LIMITS?	13. STREE DONESS / ZIP CO	DE 21061
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Poges 1		VAS DECEASED EVER IN U.S. ARME		URITY NO. 17 INFORMANT	ADDRESS	
physicion popers. ovol.		18 CAUSE OF DEATH (Enter only PART I: DEATH WAS CAUSED IMMEDIATE	BY: Dico isi	1.1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
of the state of th		IMMEDIATE	DUE TO, OR AS A CONSEQUE	V.		
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tres t gned m ple bond ry, or	100	PART 2. OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (GIVEN IN PART 110
AT THE SECOND	I O	A DAYS OF COSPAYION	Two contribution while	ODEDATION WAS DEDECOMED	Las Aux Ope va	VEC. MEDE EINIDINGS METER
10000	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES NO.	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
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American Company of the State o	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	211 LOCATION		
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MON STATE		220.1 certify that (1) (this hospital	ottended the deceosed from_	12-9 19-86		. 19 86 , that (I) (we) I
ATTE Ougst od for od for on 21		sow the deceosed olive on obove. (1) (we) idid to 1	view the body after death.	DEGREE D	deoth occurred on the date and h	
PITAL OR- by the ho ERAL DIFE the detection State Dept ANT, if her		great that	herelia	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR DHYSICIAN	12 10 8
O HOSPITAL D FUNERAL Fould be date of the State		JUD 174 L	· CHTPCHIR	South Bal	timore Gene	Latiquet so
P		BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b DATE 12-11-86	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS	25 JE	ERET DET Y TO BE AR 26 ROG	ISTRAR'S SIGNA PIRE
(VRA 15, 4)		Anatomy		Balto., Md.		

8/259 DETERMINENT OF THE PARTY OF

STATE OF MARYLAND

23	STATE REGISTRAR		C	ERTIF	ICATE OF DEATH	REG. NO.	0 7	, , ,
	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH MONTH	H DAY YEAR	2b HOUR
TYPE	OR PRINT)	Torge		D	avila	12-18	1986	1053AM
3 SE		4 RACE	5.		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		
	Male		ite	12			YRS.	S HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.	WARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO		
	erto Rico	U.S		IDOWE	/	Baltimore	City	MD.
Th. C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
Bo	altimore City 1	Good	Samari Fan	H	ospital	Mechanical En		Y
	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	130. CITY OR TOWN	AISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE	901900
	erto Rico	1471	Rio Piedra	20	YES \ NO \	634 Aldebarar		a 00920
1 2	ATHER'S NAME		TILLO IICUI		15. MOTHER'S MAIDEN NA		I AL COULT	a 00) 40
2	FIRST	MIDDLE	LAST		FIRST	WIDDLE		AST
	renzo		Davila		Adelaida		Cris	ido
	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	166 SOCIAL SECURITY	Y NO.	17 INFORMANT	ADDRESS		
No			582-20-66	76	Mrs. Elsa Da	avila same as		
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS)	nly one couse pe	r line far (a), (b), and (c	1, 1			BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
		TE CAUSE (a)	Arrest fr	mo	severe hypoxi	ia	76	ours
	1743,201				17			
	Candidana II	DUE TO, C	ARDS	E OF			1	day
	Conditions, if any, which gave rise to immediate	(b)_	711200					
	couse (o), stating the underlying cause last.	DUE TO, C	Sepsis E	E OF	ocardia pre	umonia/bactere	mia 5	days
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NO.	Vascuilit.							
MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. COND	DITION FOR WHICH OP	ERATIO	N WAS PERFORMED	INC	IF YES, WERE FINE CERTIFYING CAUSI	ES OF DEATH?
E T	210. ACCIDENT WAS UNDERLYING	21b. TIME C	DE INCULIEN		111. HOW BUILDY OCCUP	YES NO	YES	NO X
Ö	OR CONTRIBUTING CAUSE OF DE			YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	EM 18 PART I OR PART 2	
S	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19				
ă	21d. INJURY OCCURRED		OF INJURY		21f. LOCATION	CITY OF TOWN	COUNTY	STATE
¥	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, FARM,	ETC.)	STREET	CITY OK TOWN	COUNTY	STATE
	22a.1 certify that (1) (this hasp		no doccosed from		per 5 , 1986	10 December 18	19.86	, that (I) we last
	saw the deceased alive or	Decemb		, 01	nd that in (my) (aur) opinion	death occurred on the date on	d hour and from th	ne couses stoted
	above, (I) (we) (did) (did no 27b. SIGNATURE	of) view the body	after death.		DEGREE	-	22c DA1	TE SIGNED
	Clark	100 mi			ATTENDING	MEDICAL STAFF .	1	
	8 octors.	wer 1			PHYSICIAN [p.or	-18-86
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	. 1			Loch Raven Blv	d. 660	od Samarita
	Sandra /	Marsha	. []		Balt	imore, Md.		Hospital)
23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23r. NAN	AE OF C	EMETERY OR CREMATORY	23d LOCATION		
	(SPECIFY)	10/00				CITY OR TOWN	COUNTY	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial 12/22/1986

Puerto Rico Mem.

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland Park San Juan, Puerto Rico

250. Date RECO. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

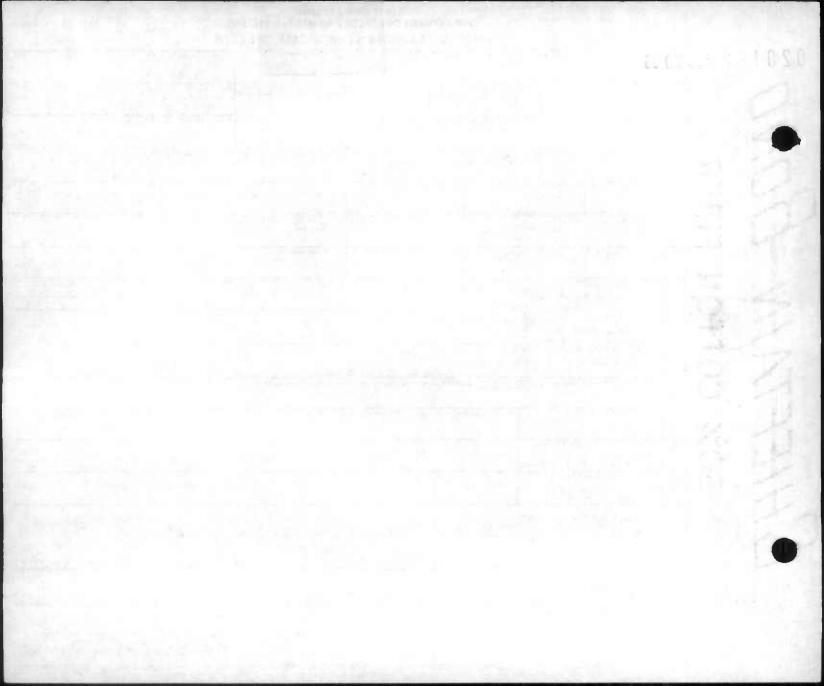
1 9 900 Park Registrar's SIGNATURE

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comment d. loter, Too. and Sheers, Margarett

	1-	FOR STATE REGISTRAR			DEPAR'	TMENT OF	HEALTH		ENTAL HY	0) REG.	3 4	3	0 4
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S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. COR YOUR FILES. D. WITHIN 72 HOURS W PRESTON STREET,	3. SE		RACE BLACK	1	18 48		PAY) MONT		HOURS A	PRONC DE	ATE DUNCED EAD			86 P. M
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21201 ANY DE AND 3 T RETAIN HOULD B	13a S	AL RESIDENCE (1 STATE D	F IN NURSING HOME		I34 BA	TARIOWN	SION)	13d. INSIDE CI	TY LIMITS?	30 STREET AD	DRESS CHAPE:	L ST	21205	
DEATH. IF		ATHER'S NAME		MIDDLE	LITI	ĽĚ		15. MOTHE VI(R'S MAIDEN DLA	NAME	MIDDLE		MACK	
URS AFTER DEATH, IF ANY URS AFTER DEATH, IF ANY WITH FORM PM 3. RETA WITH FORM PM 2. SHOULD DIVISION OF WITAL RECOL		WAS DECEASED YES, NO, OR UNKNOW		RMED FORCES? E WAR OR DATES)	16b. SC	UNK	TY NO.	17. INFORM		MELVIN	ADDRI 1121		TH ST	. 2nd FI
S CRITIFICATE SHOULD BE EXECUTED WITHIN STANDS TRIFFICATE SHOULD BE EXECUTED WITHIN SHOULD BE EXECUTED WITHIN SHOULD BE USED AS A BURNING THE WOOD BE USED AS A BURNING SHOULD	NO	gave rise cause (a) s lying cause	, if ony, which to immediate tating the under	(b)_ C- DUE TO	D, OR AS A CO	NSEQUENCE	OF	E OR CONDITION	Y GIVEN IN PART	1 (0)				
OF VITAL RECORDS ATE SHOULD BE EXE FE WORD, "FENDING THE CHIEF MEDICAL IND BE USED AS A BU MENT OF HEALTH AN	CERTIFICATION	190 DATE OF C	CAUSEWAS	21b. TIA	ONDITION FOR		121c. H			LENTER NATURE O	F INJURY IN ITEM	A 18 PART I OR P		DPSY?
=34825	MEDICAL	UNDERLYING CONTRIBUTIN 21d. INJURY OC WHILE AT WORK	G CAUSE OF	DEATH 21e PL	P.M. ACE OF INJUR ET, FACTORY, FARM,	Y (ATHOME,	211. LO	CATION		CITY O	RTOWN	C	YINUC	STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWA TO FUNRAL DIRECTOR: PARAFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 213		22a certify deoth resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	that I took char I from: Note	ural causes XX	Accident	M.D.	Autap vicide	Homic TITLE (SI ASSI	ecify) stant	Undetermined MEDICALE PINN St.	AMINER , Balt	DATE SIGN	12-	-21 - 86
07/B4 BP	(BURIAL SPECIFY BURIA UNERAL DIRECT	L	12/23		NAME OF CE		EMETE	RY	BALTITI	MORE		INTY	MDTE
DHMH - 17 (VR A15 ME (5))			FUNERA	L HOME ^	řídi e.	NORTH	AVE.			2 3 198		EGISTRAR'S		lath



126569

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Util 1	R6	REGISTRAR		CERTIFICATE OF PEATIF	REG. NO.		
		EASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH MONTH	DAY YEAR	2b HOUR
- 4	TYPE	DORIS		DAVIS	DECEMBER 6,	1986	7:50 A
3.	SEX	4	. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HR5
		F	B	12 3 59	27 YRS.	MONTHS DAYS	HOURS MIN.
X 70			CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
1		MD.	USA	WIDOWED DIVORCED	BALTIMORE C	ITY	MD.
10		Y OR TOWN OF DEATH BALTIMORE	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A THE JOHNS HO	G HOME OR OTHER INSTITUTION PRINS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI		BUSINESS OR
	3a S		THER INSTITUTION, GIVE RESIDENCE BEFORE Y 13c CITY OR TOWN BAITO	1 134. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD 2105 Herbo		17
1	I FA	THER'S NAME ROSEC M	Richards	15. MOTHER'S MAIDEN NAV	ME MIDDLE	PULLE	
1 10		AS DECEASED EVER IN U.S. ARM		RITY NO. 17. INFORMANT	ADDRESS		1
3/	(4	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 219-80-9	715 JAMES Ric	chardson 2114	+ Rosed	lale st
F		18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and	I(c).)		APPROXIM- BETWEEN OF	NATE INTERVAL NSET AND DEATH
		PART I DEATH WAS CALISED	DV.	piratory Pistkess	SUNDVINE	140	2045
		MOMEDIATE					
1 1		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	estitis		3	6044
		gove rise to immediate					
		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	A 1		1/40	AR
		that tyring court to st	1 10 Alcohol	Abuse			
1	_	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 10	
	CERTIFICATION	Seps	15				
	Y V	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDING	
		11/19/86	PRICTED	TIT13		ES	NO 🗌
	E.	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
63	_	OR CONTRIBUTING CAUSE OF DEATH		Y YEAR			
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION			
	ME		(AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY	STATE
		MHILE NOT WHILE AT WORK				5	
Н		22a I certify that (1) (this hospita	17 // /50	11-18, 19.86	2, to def		hot (I) (we) lost
Н		sow the deceosed olive on a obove, (1) (we) (did) (did not)	view the body ofter death.	, and that in (my) (our) opinion o	death occurred on the date and ha	or and from the co	ouses stated
		22b. SIGNATURE	2/	DEGREE		22c. DATE S	IGNED
		6/ith/	7. Konne	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/6	186
		224. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS 600		BALTO	. MD
		WAITER N.	Kernan	% John	7.7	Hospir	1 / 22 22 2
2	3a B	URIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CREMATORY	23d LOCATION		
	-	Burial	12-12-86	M+ AUBURN	Raltinger	COUNTY	STATE
2	4 FII	NERAL DIRECTOR			E REC'D. BY REGISTRAR 256. REGIS	TRAP'S SIGNATI	tryland
1	1	NAME	ADDRESS	MI ALL DEC	0 1006 11	port & suff	1-1-1-1
L	V	Jm. C. Brown	1206 W. No	orth AVC UEL	, 9 1900 Julia	procedura-Ko	Med

126501 FC 7655

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

medical exo

IMPORTANT: If them 21 is marked at Item 18 shows any injury, at other traumatic event, the

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may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	0 0	REGISTRAR			CERTIF	ICATE OF DEA	TH	REG.	NO.			
		OR PRINT)	HELEN	MIDDLE	L	DAVI	S	26 DATE OF DEATH	12	DAY 07	86	26 HOUR 2-35-A
	3. SE)	Female (STATE OFFICE	A RACE A RACE A RACE OREIGN Th CITIZENS	moid what country?	\$ DATE C		YEAR 27	6 AGE (IN YEARS LAST S 9 9 BALTIMORE CYTY	YRS	MONTHS	DAYS	IF UNDER 24 HRS
	5	OUNTRY	Visia U	SA	MARRIE		RIED	, battimore cyl	C	ity	A111	MD.
100		Batimes	(IF NOT IN SI	HOSPITAL, NURSING CHEACHLITY, GIVE STREET AL	DDRESS)	OR OTHER INSTITU	TION	126 USUAL OCCUPA (TYPE OF WORK FOR MOS		12h. IND	KIND OF USTRY	BUSINESS OR
1	130. S		NG HOME OR OTHER INSTITUTIO 13b COUNTY	GIVE RESIDENCE BEFORE 13c CITY OR TOWN City				130 STREET AUGRES Deaton	N/H	HAR	les Bork	21230
1	III. FA	Willie	WIDDLE	Hugg	ins	15 MOTHER'S MA	ZZI	MIDDLE	ne F	Tal.	122	EKY
		VAS DECEASED EVER II	N U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	166 SOCIAL SECUR 249384	483	17. INFORMANT 5700 G	Vinne	ADD	RESS	drie	· C .	Davis
		Conditions, if ony,	DUE TO, (which (b)_	Resp.		Cardo Sho	iae Ke	rest		В	APPROXIMETWEEN O	MATE INTERVAL INSET AND DEATH
	NO	couse (a), stoting underlying couse	the lost. DUE TO, (c)	ONTRIBUTING TO DI	Ton	9	THE TERMI	NAL DISEASE OR CO	NDITION (GIVEN IN P	ART Ito	
	CERTIFICATION	196. DATE OF OPERATI	ON 196 CONE	DITION FOR WHICH C	PERATIO	N WAS PERFORME	ED	200 AUTOPSY?	IN CER	YES, WERE TIFYING C YES [GS USED OF DEATH?
1		216. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDIC)	AUSE OF DEATH HOUR	DF INJURY M. MONTH DAY M.	YEAR	21c HOW INJUR	Y OCCURRI	ED (ENTER NATURE OF IN	JURY IN ITEM I	B PART I OR I	PART 2)	
	MEDICAL	21d INJURY OCCURRE	E (AT HOME, S	OF INJURY REET, FACTORY, OFFICE FAI	RM, ETC }	211 LOCATION STREET		CITY OR	TOWN	COL	YINI	STATE
		sow the deceased above, (1) (we) (di	this hospital) attended to dive an 2/d) (did not) view the bad	07 10 8			9 86 r) opinion d	eoth occurred on the	67 date and h		om the c	
		22b. SIGNATURE	Qiana	Jen		PHY	nding Sician [MEDICAL ST.	AFF ICIAN 🗶	220	DATE S	07/26
		Dia NA	va FenG	- MD		22e ADDRESS	GH	/				
	4	Busiel Susail	FMOVAL 23b. DATE	11-86 B	ME OF O	Mere C	MATORY	23d. LOCATION	110	COUNT	no	STATE
	24 FU	alvin 8	? Scrug	15 ADDRESS	es to	2 E.	DEC	REC'D. BY REGISTRA	1 1 . 0	STRAR'S S	. 9.3	andalk

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0	9

0	3	-	3	Ú	1
REG. N	10.				
OF DEATH	MONTH	DAY	YEAR	2b HOL	JR

	518	STATE REGISTRAR	DEPAR		IEALTH AND MENTAL HYG	REG. NO	5 A 0	0
age 3		CEASED NAME FIRST J	OHN MIDDLE HENRY	D.	DAVIS JR.	20. DATE OF DEATH	2 2586 C	HOUR 543K
ector, po	3. SEX	Male	White	5. DATE C	DF BIRTH	6. AGE (IN YEARS LAST BIR		FUNDER 24 HRS.
13		Maryland	The CITIZEN OF WHAT COUNTRY U.S.A.	MARRIEI			rcounty of DEATH ore City	MD.
3		Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCHFACILITY, GIVE STREET Good Samarit	et address)	or other institution spital	(Type of work for most of Bay Pilot		
filled formed b	13a. S	al residence (if nursing home or state 136, coun lary land	OTHER INSTITUTION, GIVE RESIDENCE BEFO TY 430. CITY OR TO Baltin	WN	134 INSIDE CITY LIMITS? YES A NO []	13e STREET ADDRESS 335B	ZIP CODE 212 Homeland South	212 nway
		John H	lenry Davis		15. MOTHER'S MAIDEN NAME FIRST Margaret	MIDDLE E	Poisal	
ician and sers. Pages N. the medicu		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) I IF YES, GIVE NO	WED FORCES? 166. SOCIAL SEC WAR OR DATES) 215-32-9		J.H.Davis II	ADDRE I 12807 Gent		
n signed by the attending. Then please remove carb to burial, cremotian, or a njury, or other troumatic	NC	Conditions, if ony, which gove rise to immediate couse Io), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOL		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 110	
os beer ne prior ws ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING	SUSED
- 0 0						YES NO	IN CERTIFYING CAUSES OF	F DEATH?
Hygie 8 sho		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL		DAY YEAR	21c HOW INJURY OCCUR		IN CERTIFYING CAUSES OF	F DEATH?
er this certificate the buriol-tronsit and Mental Hygie ced or Item 18 sho	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEAL	TH HOUR A.M. MONTH	19	21¢ HOW INJURY OCCURI		IN CERTIFYING CAUSES OF YES TO THE TRANSPORT OF PART 2)	F DEATH?
is certificate buriol-tronsit Mental Hygie or Item 18 sho		OR CONTRIBUTING CAUSE OF DEAL JIF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH I P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE of) ottended the deceased from	19 E FARM, ETC)	211 LOCATION STREET	RED (ENTER NATURE OF INJUI	IN CERTIFYING CAUSES OF YES TO THE TENTE OF PART 2) WN COUNTY	STATE
RECTOR: After this certificate bed for use as the buriol-transition to the difference of Health and Mental Hygie tem 21 is marked or Item 18 should		OR CONTRIBUTING CAUSE OF DEAL INFERMENT, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE)	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE oil) ottended the deceased from view the body offer death.	19 E FARM, EIC)	211 LOCATION STREET , 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	RED (ENTER NATURE OF INJUI	IN CERTIFYING CAUSES OF YES COUNTY WN COUNTY 19, the ord hour and from the county co	STATE STATE STATE STATE STATE
IRECTOR: After this certificate hed for use as the buriol-transit pept, of Hoolih and Mental Hygie tem 21 is marked or Item 18 sho		OR CONTRIBUTING CAUSE OF DEAL INFEITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospit sow the deceosed alive on obove, (1) (we) (did) (did not	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE oil) ottended the deceased from view the body offer death.	19 E FARM, EIC)	211 LOCATION STREET , 19 nd that in (my) (our) opinion DEGREE ATTENDING	CITY OR TO CITY OR TO MEDICAL STAI DIRECTOR PHYSIC	IN CERTIFYING CAUSES OF YES COUNTY WN COUNTY 19 the ond hour and from the county 22c. DATE SK	STATE of (I) (we) lost uses stated GNED

		16				
						350
	2001120					insign
	100		100 500	ne was 'es s		907- 11-12
					-	Services.
				z leivs		
215						n+

may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attinuing physicion and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should by filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

	FOR			UFMAKILAND		- CA	
11.	- STATE	DEPA		EALTH AND MENTAL HY	GIENE &	0 7	, .,
28	REGISTRAR		CERTIF	ICAIL OF DEATH	REG. NO	0.	
	CEASED NAME . FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
(ITPE	John John	R R.	DA	Pavis	/	12 05 86	2130
3. SE.	X	4. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEA	AR IF UNDER 24 HRS
I w	1	0	MONTH		O.F.	MONTHS DAY	S HOURS MIN.
	ale	Cauc.	DV2 8	04 01	85	R COUNTY OF DEATH	
El Tu. D	COUNTRY)		MARRIE	XNEVER MARRIED	. BALTIMORE CITT O	K COOINTI OF DEATH	
M	C2 1	U.S.A.	WIDOWE		1001111111		M
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST		OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST O		OF BUSINESS O
R	altimore -	Mercy Hosp	ital		Production	Pain	t.
11511	ALRESIDENCE (IF NURSING HOME C STATE 13b. COL		EFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	7 TIP CODE	
M	1000	Baltim		YES TO NO	142 S. E115		1224
14. F	ATHER'S NAME		OLE	15. MOTHER'S MAIDEN NA		WOUL AVE. Z	1224
	FIRST	MIDDLE		FIRST	MIDDLE		LAST
	amuel WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL S	ECHRITY NO	Elizabet	h ADDRE	Ste	1.n
		IVE WAR OR DATES)	ECOKIII NO.	THE OWNER			
_ Y	es WW	I 216-01	9352	Mary Davis 1	42 S. Ellwo	od Ave.	
150	18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b)		1		BETWEE	OXIMATE INTERVAL IN ONSET AND DEAT
	PART I. DEATH WAS CAUS	ATE CAUSE (0) Chroni	c stor	where pulmo	mory disease	. Y.	ears
NO	underlying cause last. PART 2 OTHER SIGNIFICANT	(c) CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	minal Disease or Coni	DITION GIVEN IN PART	lia
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES	
- 12	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUP			
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH		3000	I EINTER IN TONE OF TRAIN		,
2	(IF EITHER NOTIFY MEDICAL EXAMIN		19	211 LOCATION			
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	AT WORK NOT WHILE AT WORK			/	/	0	
	22a I certify that this has	pital) attended the deceased fro	A	17	10 (2/	19 86	, that A (we)
	saw the deceased alive a	ew the body olter death.	9 00 . 01	ad that in my copinion	death occurred an the do	ote and hour and Irom th	he causes stated
	22b. SIGNATURE	1		DEGREE		22c DA	TE SIGNED
	John	aw in		ATTENDING PHYSICIAN	MEDICAL STAF		5/18
1	22d. PHYSICIAN'S NAME THE	O(PRINT)		22e ADDRESS	DWECTOR PHISIC	10112	()
	1 Jetty	J () CAR	7	301 ST: P	aul street	Baltime	2120
	BURIAL, CREMATION, REMOVA	L ZIN DATE Z	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	Burial	12/9/86	Holy R	edeemer Cem	Baltimo		Md.
24 F	UNERAL DIRECTOR			25a DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE
-	NAME	ADDRE		a DE	C 8 1986	Andra Deciders	n-Kandalde
LB	Dabrowski &	Son 2818 F. Bal	timore	St.		U	

1 2 1 3 0:1	11	- STATE REGISTRAR		DEI ARTS		CATE OF DEATH	REG. N	10.	2	20 0	25
be 3		PECEASED NAME FIRST JOSEPH		Richard	Da	vis	20 DATE OF DEATH	12 11	VEAR 86	26 HOUR 9:57	' A
ge 4 may ector. po	3. 5	Male	4 RACE	te	5. DATE OF	F BIRTH 12 06	6 AGE (IN YEARS LAST BI	PRTHDAY) IF UN MONTH YRS.	DER I YEAR	IF UNDER 24 HOURS A	MIN.
# # P P P P P P P P P P P P P P P P P P	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land	76 CITIZEN OF V	WHAT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIED DIVORCED	Baltimore	-	DEATH		MD
DE 11 44	10.	Baltimore	(IF NOT IN SUCI	HOSPITAL, NURSIN H FACILITY, GIVE STREET Agnes Bo	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Sanitation	OF WORKING LIFE) IN	NDUSTRY	BUSINESS	
Filled in bould be find in		UAL RESIDENCE (IF NURSING HOME OF ISTATE 136 COL		GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimor	N	134. INSIDE CITY LIMITS		/ ZIP CODE			
mpletely opd 2 st	14.	FATHER'S NAME FIRST JOSEPh	MIDDLE R.	Davis		15 MOTHER'S MAIDEN FIRST COTA	NAME	F	Buchma	an	
n and co Pages	16a	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	216-30-8		Madeline D	ADDR Davis, 3609 H		Road		
by the off terms consistent of the off terms continued to the office of	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoffing the underlying couse lost.	DUE TO, OF	RAS A CONSEQUE	C CO	next-	Alfraidu	Myfax	BETWEEN	mate interva pnset and de	АТН
been signed mit. Then plec prior to burial ony injury, ar		PART 2. OTHER SIGNIFICANT		ERMINAL DISEASE OR CON	RE FINDIN	IGS USED					
The lo							YES NO	IN CERTIFYING		NO [?
SICIAN: ng physicertifical certifical rial-tran entol Hy them 18:	MEDICAL CE	00.000.000.000.000.000.000.000	EATH HOUR A.	M. MONTH DA	AY YEAR		OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)				
NG PHY ottendiffer this as the but hond M borked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STRI	OF INJURY BEET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR T	OWN (COUNTY	STAT	TE
ATTENDIII sspitol or ICTOR: A for use d for use n 21 is me	1	22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did n	n	19		d that in (my) (our) opin	nion death accurred on the c			that (1) (we)	
AL OR A AL OR AL DIRECT AL DIRECT Set oched of E Dept.		22b. SIGNATURE	Chi !	11/11	D	EGREE ATTENDIN PHYSICIAI		AFF	22c. DATE S	SIGNED	
HOSPIT ained by PENNER auld be auth the Str.		226. PHYSICIAN'S NAME (TYPE	ORPRINT)	la		120 Ma	iden ch		mo	2/2	>0
□ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	220	BURIAL CREMATION REMOVA	1 125 DATE	22. 4	LAME OF CE	METERY OR CREWATE	DY Tast LOCATION				

STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIENE

Item # 16b, G -622, 12/19/86 Cm

BP

230. BURIAL, CREMATION, REMOVAL

Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

St. Paul's Cemetery 21229 250.0 12/15/86 24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

236 DATE

Violetville Baltimore

23d LOCATION

CITY OF TOWN

Aulia Dividson Rendals

Joseph Hichard Davis

St. Agnes Bosottel (male of and

0	18	070	
	Poge 4 moy be	director, page 3	

Poges |

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	6	3	4	0	Ü
	DEC NO				

	REGISTRAR		CERTIFICATE OF DE	~	REG. N	O	
	CEASED NAME FIRST	in Nat	TA M's	20	DATE OF DEATH	NONTH DAY	86 1145
3. SE	×	I. RACE	5. DATE OF BIRTH	YEAP	AGE (IN YEARS LAST BIT	THDAY) IF UNDI	ER I YEAR IF UNDER 24 H
	TV(D	12 01	14	72	YRS.	LAY!
	IRTHPLACE (STATE OR FOREIGN 7 COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MA	RRIED -	BALTIMORE CITY C	COUNTY OF DE	1/J
_	Vest Virginia			DRCED	DUU	mere C	113
F	alkinore	11. NAME OF HOSPITAL, NURSI	T ADDRESS)		USUAL OCCUPAT YPE OF WORK FOR MOST (OF WORKING LIFE)	DUSTRY
13a.3	AL RESIDENCE IN HUMBING HOMEORG	OTHER INSTITUTION GIVE RESIDENCE TY 136. GITY	YES E	10 []	STREET ADDRESS	ZIP CODE hedral	St 217
14. F	ATHER'S NAME FIRST M	AIDDLE LAST	15. MOTHER'S /	MAIDEN NAME®	- MIDDLE	-	LAST
16a \	WAS DECEASED EVER IN U.S. ARM	14/10/00/00/19861			ADDR		
	(1F YES, GIVE	230-0°	5-0916 Delila	h Baker	1027 Ca	thedral S	street
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ERTI	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	2)r HOW IN II	IRY OCCUPRED	YES NO	YES T	NO []
	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. MONTH	DAY YEAR		(Entre of More		
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ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC) STREET	4	CITY OR TO	- CC	STAT
	220.1 certify that (1) (this Hospite	of attended the deceased from	10/9	19	, to 1	19.5	6, that (1) (we)
) view the body ofter death.		our) opinion deo	th occurred on the o	lote and hour and f	from the couses state
1	226. SIGNATURE	J. MIN			MEDICAL STA	FF _	2. DAVE SIGNED
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		12/22/86 E	astview Memor		Baltimor		Md.
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1101 East North Avenue

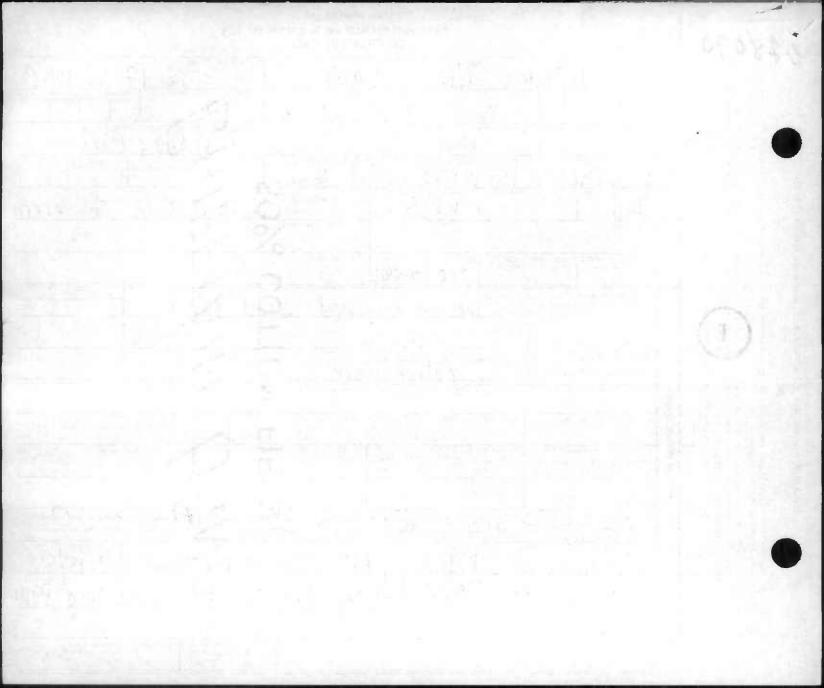
DHMH - 16 60M 7/84 (VRA 15, 4)

March Funeral Homes

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then presse with the State Dept. of Health and Mental Hygiene prior to burial.

retained by the hospital or attending physician.

BP.



DHMH - 16 60M 7/84

(VRA 15, 4)

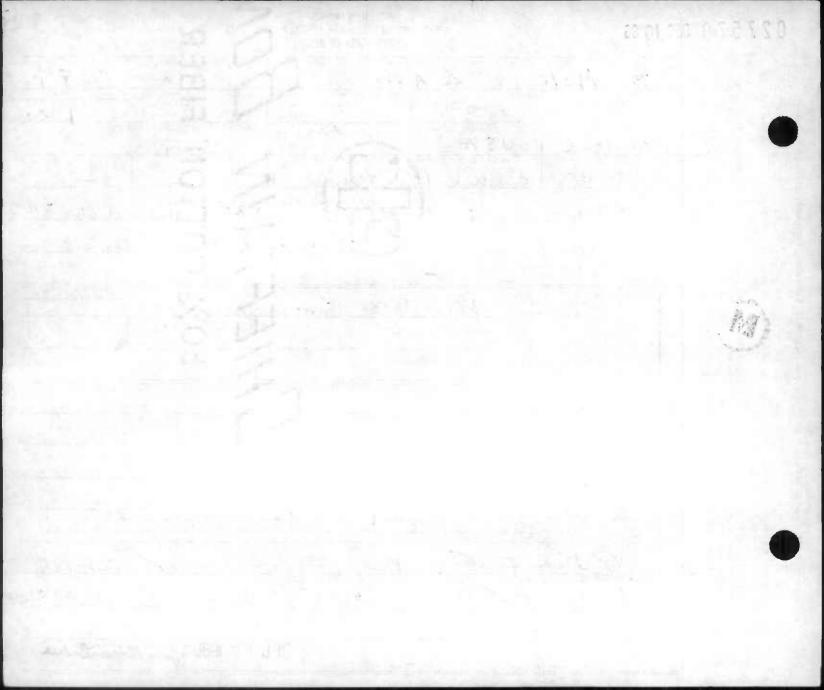
NAME

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
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	-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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BP		URIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 23c.	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION CITY OR TOWN	COUNTY STATE
	24 EI	INTERAL DIRECTOR		120	PORTERED BY BEAUTIPARISE DE	GISTRAD'S SIGNATIBLE

ADDRESS Anatomy Board Balto Md UEU 17 1986

Julia Dander Rendallo



STATE OF MARYLAND

220. I certify that I took charge at the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED 12/16/86 EXAMINER'S NAME TYPE OR PRINT) WILLIAM M. Zane, M.D. ADDRESS Balto.MD. 230. BURIAL, CREMATION, REMOVAL 230. DATE SECIETY COUNTY MD** 124 FUNERAL DIRECTOR NAME ADDRESS Accident Suicide Homicide Undetermined manner		FOR					DEPART	MENT OF	HEA	LTH A	ND M	ENTAL	HYGIEN	VE 6	1	3	d. A	0	1	la
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TYPE OR PRINT) WIXTLAIL M. Zatle, M.D. ADDRESS III FEITH SC. DATE OF COUNTY ADDRESS III FEITH SC. DATE OF COUNTY BURIEL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY BALTIMORE, COUNTY MDTATE BURIEL DIRECTOR NAME ADDRESS 111 FEITH SC. DATEOLOGICAL DATE OF COUNTY MDTATE 236 UNITY DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NAME ADDRESS 111 FEITH SC. DATEOLOGICAL DATEOL					/												0.0			
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24 FUNERAL DIRECTOR NAME ADDRESS 250. 'DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS ADDRESS	23a.B	JRIAL, CREMA	TION,					NAME OF C	EMETER			ORY						NITY		
NAME ADDRESS DEG TO COME	BÜ	RIAL			12	20.8	6 EA	STVI	EW	CEM	ETE	RY	BA	LIPI	MORE	,	COU	NIT	MD'	ATÉ
	24 F		CTOR									230. DATE	REC'D. BY	Y REGIS	RAR 256	REGIS	TRAR'S S	IGNATU	RE	
MARCH FUNERAL HOME 1101 E. NORTH AVE - 101 3 300	MA	117-0116	TIME	PAT. T	OME		1 17	NT O D	mu	AVI	7	FAT	0 90	36	7	, 4 A	* , ,	-	- Ann	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	3	4	1.0	Ì	
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0	1-	FOR STATE REGISTRAR	DEP		IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6 REG. NO.	3 4 3	10
2		EASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	June	RENA	A C.	DA	VIS	12	18 86	10 45 M
	3.5EX		4. RACE /	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	100	FEMALE	WHITE	MONT	DAY YEAR	78	MONTHS DATS	HOURS MIN.
	Ph 58	and the same of th	7b. CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY OR COUN		
1	3	COUNTRY MO	USA	WIDOW		Bellim	on a	MD.
5	JB. CI	BOCTO	11. NAME OF HOSPITAL, NU	JRSING HOME	or other institution	HIS USUAL OCCUPATION TYPE OF WORK FOR TO TO WORKING housewife	G LIFE) 12b. KIND O INDUSTRY	# BUSINESS OR
5	13a 5	AL RESIDENCE 1136 COUN	ITY 131. CITY OR		138. INSIDE CITY LIMITS?	130 STREET ADDRESS / 71P CO	Beach Re	d: 21122
9	MEN	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA		1.00	
4	V	VAMES -	C. cui		ALVERT	WIDDLE	600	WIN
7		MAS DECEASED EVER IN U.S. ARA		SECURITY NO.		vid III Randall	ayfox Rd	. 04400
		no	214	14921	Lewis C. Da	vis III Kandali	stown Ma	. 21133
	11/2	PART I. DEATH WAS CAUSE! IMMEDIAT Conditions, if any, which gave rise to immediate couse in stoking the indestying couse last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)					
	NO	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION		x -
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WI	HICH OF BATIC	N WAS PERFORMED		YES, WERE FINDIN RTIFYING CAUSES YES []	
7	7	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2]	
	MEDIC	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	-	220.1 certify that (1) (this haspit saw the deceased alive an	17/18/86		nd that in (my) (our) apinion of	death occurred an the date and l	hour and Irom the	
		17th SIGNATURE	سلالم	- 1		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 8 (
	1	220 PHYSICIAN'S NAME (TYPE OF	CERON		5BG4			
		BURIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
		burial	12/22/86	Holy C	ross Cemetery	Baltimore	AA	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

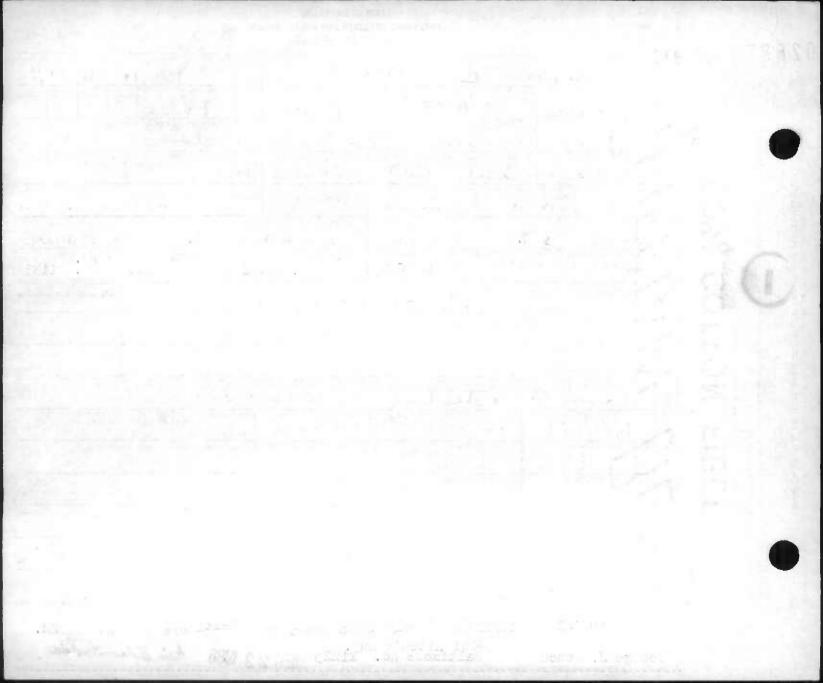
MPORTANT, IF Nem 21 is in

24. FUNERAL DIRECTOR George J. Gonce

Holy Cross Cemetery | 1250. DATE REC 4001 Ritchie Hwy. Baltimore Md. 21225

Md

Baltimon M
D. BY REGISTRANDS PEGISTRAN'S SIGNATURE
1086



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. A should be detached for use with the State Dept of Heal

TO HOSPITAL

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔒

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G. NO.						
TH MON	TH	DAY	YEAR	2b. HO	UR	
2000	1	006				

DECEASED NAME FIRST YPE OR PRINT) Samuel SEX Male BIRTHPLACE (STATE OR FOREIGN	4 RACE	O.	Da S. DATE C	vis, Jr.	Dece	mber 2,	DAY YEAR	2b HOUR
Samuel SEX Male BIRTHPLACE (STATE OR FOREIGN			5. DATE C					
Male BIRTHPLACE (STATE OR FOREIGN			5. DATE C					
BIRTHPLACE (STATE OR FOREIGN	В				4 1102	RS LAST BIRTHDAT	IF UNDER 1 YEAR	IF UNDER 24 H
		lack	MONTH	2 03	83	YRS	MONTHS DAYS	HOURS M
		WHAT COUNTRY?	8.	V		E CITY OR COUN		
Maryland	U.S	. A .	WIDOWE	D NEVER MARRIED DIORCED DI	BAI	TIMORE C	TTY	
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a. USUAL O	CCUPATION	126. KIND O	F BUSINESS
BALTIMORE	212		STRE	ET		rer .	G LIFE) INDUSTRY	
		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?				21201
FATHER'S NAME	MIDDLE	LAST			ME	AA FORME	1451	
Samuel		n 1 n	r.	Émma		mapple	Gross	
		16h. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
NO NO OK UNKNOWN) (IF TES, GIV	E WAR OR DATES)	220-07-	5540	Mary Dayis	212 N.	Greene	Street	
PART 2 OTHER SIGNIFICANT C	CONDITIONS CO					SY? 20b. IF	YES, WERE FINDIN	IGS USED
					YES [YES [OF DEATH?
	110110 1		AV VEAP	21c. HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM	8 PART 1 OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER	111		19					
21d INJURY OCCURRED			ARM FIC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
MHITE WOT WHITE		/:	1	1 0-		/		
22a I certify that (1) Whis hough	ral) attended th	deceased from_	1	- 24 19/5	, to	12-2		hat (I) (we)
saw the deceased drive be above (ii) we i (tid) (did no	t) view the body	after death.	, on	d that in (my) (aur) apinion	death occurred	an the date and h	naur and from the o	ouses stated
11	· Notes	3		ATTENDING	MEDICAL DIRECTOR	STAF PHYSICIAN	22c. DATE :	SIGNED - 4-
	e Property	1/		22e ADDRESS	,	10.	1	
MINOShi	TIIN DATE	AKANS		EMETERY OR CREMATORY	M-	Hing	A 17 21	201
1	UAL RESIDENCE (IF NURSING HOME OR D. STATE 13b COUNTY 1	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION IN STATE 138 COUNTY Mary 1 and FATHER'S NAME Samue 1 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter anly ane cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (a), stoting the underlying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS COUNTY (C) 19a. DATE OF OPERATION 19b. COND 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21b. PLACE (AT HOME, STOURD COUNTY (AT HOME, STOURD COUN	UAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE STATE 13b COUNTY 13c CITY OR TOW B all timo FATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) LAST DAVIS, S LAST DAVIS, S LAST DAVIS, S LAST LAST DAVIS, S LAST LAST DAVIS, S LAST DAVIS, S LAST DAVIS, S LAST DAVIS, S LAST LAST DAVIS, S LAST DAVIS, S LAST LAST DAVIS, S LAST LAST LAST DAVIS, S LAST LAST DAVIS, S LAST LAST DAVIS, S LAST LAST DAVIS, S LAST LAST LAST DAVIS, S LAST LAST LAST LAST DAVIS, S LAST LAST DAVIS, S LAST LAST DAVIS, S LAST LAST DAVIS, S LAST LAST LAST LAST DAVIS, S LAST LAS	UAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 13b COUNTY 13c CITY OR TOWN B all timore FATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARMED FORCES? WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DAVIS, Sr. LAST DAVIS, Sr. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stoting the underlying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATIO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IFETHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED WMILE NOT WHILE 21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 17c. SHORN THE	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 137. CITY OR TOWN Baltimore FATHER'S NAME FIRST SAMUE 1 Davis, Sr. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, OVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per limit of 101, 01, and Ict.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH UNDERTOON WAS PERFORMED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ALL MARKET ALL MORE STREET, FACTORY, OFFICE, FARM, ETC.) 17a. CECHTIFY THAT (1) This house of a street of any one of contributing CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 3 THE CONTRIBUTION OF THE CONTRI	ULAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1. STATE 1. STATE	UAL RESIDENCE (# NUBSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 137 CITY OR TOWN 136 COUNTY 137 CITY OR TOWN 136 COUNTY 137 CITY OR TOWN 138 LINSIDE CITY LIMITS? 139 STREET ADDRESS / ZIP CO YES X NO 212 N. Greene 15 MOTHER'S MAIDEN NAME FIRST NAME FIRST MIDDLE 15 MOTHER'S MAIDEN NAME FIRST MIDDLE 15 MOTHER'S MAIDEN NAME FIRST MIDDLE 16 MODLE 17 MODLE 18 CAUSE OF DEATH (Enter only ane cause per limited fol.) 61, and ic.) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OR CONTRIBUTING COUSE lost 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b AUTOPSY? 110 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH FOR AM. MONTH DAY YEAR 119 CERTIFICATION 110 AM. MONTH DAY YEAR 110 AM. MONTH DAY YEAR 111 AM. MONTH DAY YEAR 111 AM. MONTH DAY YEAR 112 CERTIFICATION 113 AM. MONTH DAY YEAR 113 AM. MONTH DAY YEAR 119 CERTIFICATION 110 AM. MONTH DAY YEAR 111 AM. MONTH DAY YEAR 111 AM. MONTH DAY YEAR 111 AM. MONTH DAY YEAR 112 AM. MONTH DAY YEAR 113 AM. MONTH DAY YEAR 114 AM. MONTH DAY YEAR 115 AM. MONTH DAY YEAR 116 AM. MONTH DAY YEAR 117 AM. MONTH DAY YEAR 118 AM. MONTH DAY YEAR 119 AM. MON	UAL RESIDENCE (# NURSNO HOM OR CIDER INSTITUTION ONE RESIDENCE MODES AND ISC CITY OR TOWN AT 7] and Baltimore Mary land Baltimore Is MOTHER'S NAME FATHER'S NAME Samuel Davis, Sr. Is MOTHER'S MADIEN NAME FIRST MODE SAMIDEN MADDEE SAMIDEN SA

DYETT 4600 LIBERTY

(VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DEFENSED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) IL 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 23 12 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED etens burg WIDOWED DIVORCED TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR N SUCH FACILITY, GIVE STREET ADDRESS LTYPE OF WORK FOR MOST OF WORKING LIFE Samarita -Ker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY LITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2.300 Hale I FATHER'S NAME MEDIA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (b). gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREE! SLATE NOT WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased fram 10/24 SC, and that in (my) (1999) apinian death accurred an the date and haur and fram the causes stated

BP.

DHMH - 16 60M 7/84 (VRA 15. 4)

FORT. d b

23a. BURIAL, CREMATION, REMOVAL

abave. (1) (we) (did) (did not) view the bady after death

saw the deceased alive an_

23c NAME OF CEMETERY OR CREMATORY

STAFF

22e ADDRESS

MEDICAL

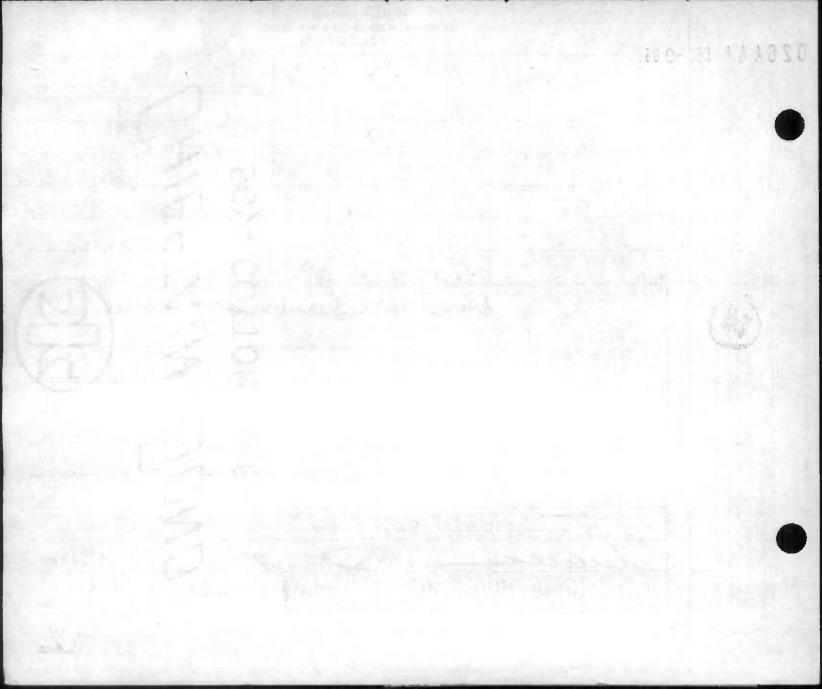
PHYSICIAN DORECTOR PHYSICIAN

ADTENDING

24 FUNERAL DIRECTOR

226 SGNALURE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR & BIGNATURE



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831		FOR STATE REGISTRAR	Di	IENE D O	3 4 3	1 /		
AN	THE DE	GEASED NAME PRINTI	ed M	l	Aualt	2ª DATE OF DEATH	12 27 86	26. HOUR SSAM
	3. SE	temole	white	5 DATE (6 AGE (IN YEARS LAST BIR	YRS.	IF UNDER 24 HRS HOURS MIN.
8		Maryland	USA 1. NAME OF HOSPITAL,	MARRIE WIDOWE		Baltinore city o Baltin		MD.
7	101511	Baltimore AL RESIDENCE (IF NURSING HOME OR O	(IF NOT IN SUCH FACILITY, GI	WE STREET, ADDRESS)	Balto.Md	Homemake	F WORKING LIFE) INDUSTRY	
35	130. S Ma	aryland 136. COUNT	Y T3c. CITY C	or town ltimore	13d. INSIDE CITY LIMITS?		All CODE	21230 alto.Md
0	14. FA	William "-	we'	tter	15. MOTHER'S MAIDEN NAV		Suď	brook
1		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR OATES)	16-7571	Esther M.	Dawalt, 12	Raito.2	1230 de Ave.
	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CO	POSSIDIC NSEQUENCE OF		INAL DISEASE OR CONT	3	Ihr.
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	
q	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	19	211. LOCATION	RED (ENTER NATURE OF INJUR	200	STATE
	×	WHILE DI WHILE AT WORK 270 L certify that (I) (this hospito sow the deceosed alive an obve, (I) (we) (did) (did roll 276. SIGNATURE	il) attended the deceased	1 Irom, or	nd that in (my) (our) apinion of DEGREE	, to, to	ste and hour and from the	
		. 22d. PHYSICIAN'S NAME (TYPE OR	o Kayuka, C	Ingon S	22e ADDRESS Men	DIRECTOR PHYSIC		Md.
	23a. E	Burial, Cremation, Removal SPECIFY) Burial	12/30/86		EMETERY OR CREMATORY Hill Cemt.	Balto A	.A.Co.Md.	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
MCCULly Funeral Home, 130

23d LOCATION
CITY OF TOWN
Balto.A 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 3 0 1986

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27260 DEC 1	5 8	DREGISTRAR			CER	TIFICATE OF I	DEATH	REG. N	0.		
		CEASED NAME E OR PRINT)	FIRST	avid MIODLE	L.	Da Da	37	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
may be page 3		D	avio		п•	Day	У		15 2	86	230 PM
m mo	3. SE		4	RACE		TE OF BIRTA	YEAR	6. AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
oge 4		Male		White		6 17	32	54	YRS.		,,,,,,
P. P		IRTHPLACE (STATE OR FOIL	REIGN 7	b. CITIZEN OF WHAT CO	UNTRY?	RRIED NEVER	MARRIED 🔀	9. BALTIMORE CITY C	R COUNTY O	FDEATH	
deot deot		GA		us.			NORCED [Baltimor		1	MD.
The state of the s	1	TY OR TOWN OF DEAT	H	1. NAME OF HOSPITAL,			NOITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126. KIND OF INDUSTRY	BUSINESS OR
20 c to 0		Saltimore		Univ. of n	larylan		al	Laborer		Const	ruction
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PHYSICIAN THE IGNORALISM THE INCIDENCE OF EXECUTED Within 24 hours operation physicion and completely filled in both the certificate has been agained by the attending physicion and completely filled in both and Membel Hygient prior to both certification, or removel. The and Membel Hygient prior to both the removel on, or removel.	13a.	STATE 1	3b. COUNT	NEVE City Bal	OR TOWN	113d INSIDE C	NO [13 e.STREET ADDRESS	ZIP CODE	tlome	235
A September 1	14. F	ATHER'S NAME	M	IDDLE	LAST	15. MOTHER	S MAIDEN NAM	MaryMIDDLE		7 1451	
AM B Indian	Ł	George		D.	ay			Hamie		David	dson
Acol dicol		WAS DECEASED EVER IN		ED FORCES? 166 SOCI	AL SECURITY N	O. 17 INFORMA	ANT	ADDR	ESS		
n ond		known	1		ailable	Hos	pital	Chart			
BAL ate		18 CAUSE OF DEATH	Enter only	one couse per line for to BY:), (b), and (g)	0	1	0 101		APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEATH
ST., grafic g ph on p emo even			MEDIATE		10-10	Lucia	148ta	ndstill			
ON the cerbine corbine				DUE TO, OR AS A CO	NSEQUENCE C	F I	-111.	1 1 1			
ZEST Leo urfte nove		Canditions, if any, a	which	(b) Lun	g Can	cer mel	astatie	- 10 Brain			
N. P.		cause (a), stating	the last	DUE TO, OR AS A CO	NSEQUENCE C	F					
the state of the s				(6)							
DS, 2 qualities wight here p here p here p	Z	PART 2. OTHER SIGNII	FICANT CO	ONDITIONS CONTRIBUT	NG TO DEATH	BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11a	
SO TO	ATIO	19a DATE OF QPERATION	ON	196 CONDITION FOR	WHICH OPERA	TION WAS PERFO	DRMED A	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED
L RE	CERTIFICATION	10/3/86		Metastatic	BrainC	wanoma.	from lun		IN CERTIFYIN	G CAUSES	
VIIA	CER	210. ACCIDENT WAS UNDER	REYING	216. TIME OF INJURY		21c. HOW IN	JURY OCCURR		1 ,		
OF OF		OR CONTRIBUTING CAL		HOUR A.M. MON	ITH DAY YE	AR 19					
ON STATE OF	MEDICAL	21d. INJURY OCCURRE		21e PLACE OF INJURY	,	211 LOCATIO		CITY OR TO	nest l	COUNTY	STATE
NIS of the state o	2	WHILE NOT WHILE		(AT HOME STREET, FACTOR	r. OFFICE, FARM, ETC) SIREE!	/	CITYORIC	NAIN .	4	STATE
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11 d 0 d 12		sow the deceased	alive an	view the bady after heat	19 86	, and that in (my)	(opinion o	leath accurred an the d	ote and haur a	nd fram the c	ouses stated
Popular Paragraph of the paragraph of th		22b. SIGNATURE	/	1 0		DEGREE				22c. DATE S	IGNED
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四世 年天下五	23a I	BURIAL, CREMATION, RE	MOVAL	23b DATE		OF CEMETERY OR		23d. LOCATION		OUNTY .	STATE
BP		Burial		10 Dec 86	Snow	Hill Cem		Wilton			
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR			ODRESS			REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATL	IRE
(VRA 15, 4)		Capitol Fu	unera	1 Service,	Falls C	nurch, VA	UE 6 1 1	1986 /	F	D. Last	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 026454 DEC-REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH 26 HOUR TYPE OR PRINT JOHN DAY DECEMBER 1986 9:58p M 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY MONTH Black 12 Male YRS 70. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE CTTY Va WIDOWEDX D CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION INDUSTRY LITYPE OF WORK FOR MOST OF WORKING LIFE BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13h COUNTY 13 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Balto. 2214 Brookfield Avenue Md. NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Granvi Day Daisv Thompson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Crewe. Va. (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 224-03-7502 McCarthy Downs F. H. Box 111 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) CHRONIC OBSTRUCTIVE PULMONARY DISEASE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. RECURRENT SPONTANEOUS PNEUMOTHORAX PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

> CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? DECEMBER 2. 1986 PNEUMOTHORAX NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE DECEMBER 2. DECEMBER 06 270 I certify that (1) (this hospital) attended the deceased from sow the deceased of the or DECEMBER 4 obove. (Maye) (did) was still view the body after death and that in (m) (aur) opinion death occurred on the date and have and from the causes stated

DEGREE

2/10/86

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

COUNTY

22e ADDRESS c/o MARYLAND GENERAL HOSPITAL

23g BURIAL CREMATION REMOVAL 23b. DATE

Buria

234 NAME OF CEMETERY OR CREMATORY Star of Hope Cem.

23d LOCATION Rice

STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

18 shor

morked or

If Hem

IMPORTANT.

Hour this

Wm C March F/H West

4300 Wabash Ave

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Impsicion and completely filled in by the funeral director, page 3 and 2 should be filed within 72 haurs after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3432

S

DEC -	-9	BEGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	2			
	1. DE	CEASED NAME FI	RST	WIDDLE	- 1	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR	
	(TYP)	EORPRINT) HEL	EN		DEAD	Y	DECEMBER 1	, 198	6	1;10P M	
	3. SE		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	E	EMALE	WHIT	F	MAV	12, 1916 YEAR	70		MONTHS DAYS	HOURS MIN.	
45 =		IRTHPLACE (STATE OR FORE)		WHAT COUNTRY?	B	12, 1910	9. BALTIMORE CITY O	R COUNT	Y OF DEATH		
80		COUNTRY)	JA. CITIZEIN OF	WIAI COOKINI.		D NEVER MARRIED	BALTIMORE CITY				
0	10.0	Indiana	US NAME OF		WIDOWE	DR OTHER INSTITUTION	120. USUAL OCCUPATION			MD. F BUSINESS OR	
122			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O		IFE) INDUSTRY	P BUSINESS OR	
2		LTIMORE		HNS HOPKI		SPITAL	Homemaker				
d tens	130.		COUNTY BALTIMORE	BALTIMO	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 1886 MARSH	ZIP COD	ROAD	21222	
i.		ATHER'S NAME				15. MOTHER'S MAIDEN NA					
36	2	N.	MIDDLE	FISHER		Betha	WIDDLE	C.	hemdt	r	
0	16a. V	WAS DECEASED EVER IN I	A A O	16b. SOCIAL SECU	RITY NO.		ADDRE			Pond Rd	
medic	· '	YES, NO OR UNKNOWN) (II	YES, GIVE WAR OR DATES)	31314281	.2	HEKENXBEADS	ra Holton (daughter)	İ.	80VE _{Plym}	outh Mas	
ent, the		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY:			1775			APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH	
9		IM/	MEDIATE CAUSE (0)	, 0,01	10,0	1713				acrys	
aumoti		Conditions, if ony, wh	nich ((b)	RAS A CONSEQUE		il			1	year	
other tr	-	gove rise to immedicouse (a), stating underlying couse I		R AS ACONSEOUE	OCE OF	HROMATO	5/5		2	years	
Y, 0		PART 2. OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GI	VEN IN PART 110	3	
o o	O O	APL	ASTIC	ANE	mi	A					
Cony	RTIFICATION	190 DATE OF OPERATION	196 COND			N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES []		
8 sh	W W	210 ACCIDENT WAS UNDERLY				21c HOW INJURY OCCUR					
EU	1	OR CONTRIBUTING CAUS	E OF DEATH	.M. MONTH DA							
= 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL E		M. OF INJURY	19	211 LOCATION					
pe	A	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
mork		220.1 certify that the (thi			10.3	1. Rt Q1	17.1		86		
.2		sow the deceased				nd that in (mg) (our) opinion	death accurred as the de	to and be		tho (1) (we) lost	
n 2 i		obove, () (we) (did)	(did_not) view the body		, ,		death accurred on the do	ne ond no			
if Item		72b. SIGNATURE	P 11	,		DEGREE ATTENDING	MEDICAL STAF	e c	22c DATE	SIGNED	
5		William	~ DEII	140.		PHYSICIAN A	DIRECTOR PHYSIC		12-	1-1986	
PORTANT		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	,		22e ADDRESS	1. 11		Bet	21205, 2018.	
ON		William	15E//		0.71	The Johns Ho	pKINS HOSP.	6001	N.Wolf	est.	
\$	23a. I	BURIAL, CREMATION, REA	AOVAL 23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION				

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR, After this centificate has been signed by the attituding should be detoched for use as the burial-transit permit. Then please removing with the State Dept. of Health and Mental Hygiene prior to burial, cremation, are

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital ar attending physician.

State Anatomy Board

Remova1 24. FUNERAL DIRECTOR

ADDRESS

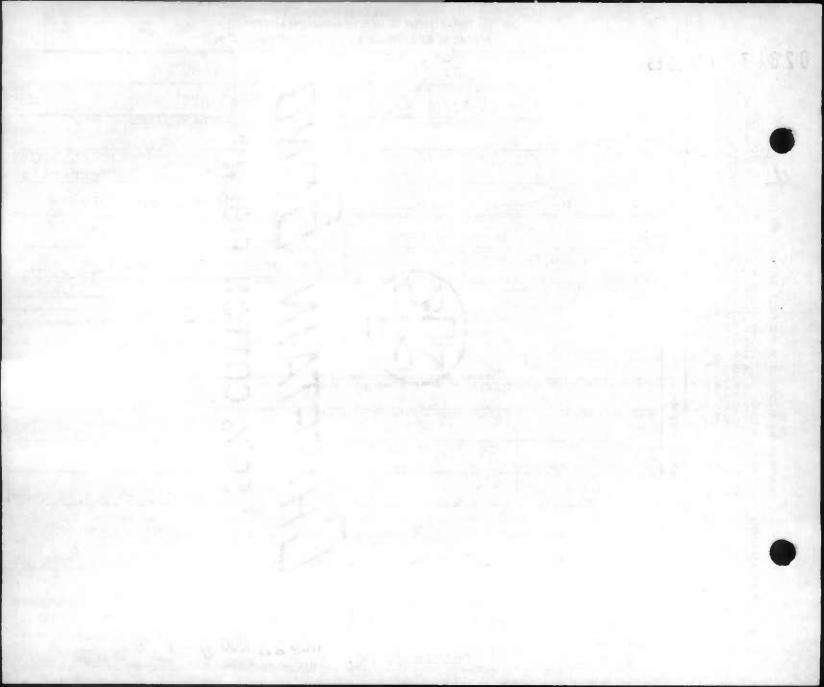
12-2-86

25 DATE REC'D. BY REGISTRAR 25). REGISTRAR'S SIGNATURE Julia Devider Redden

DEC OA 1985 fit Accompany

1	FOR			DEPARTMENT	OF HEALT	H AND MENTAL HY	GIENE	-7.	4 .	5 .3	100
1.	REGISTRA	AR.	ME	DICAL EXAM	INER'S	CERTIFICATE OF	DEATH	REG. NO.		, esa	
	ECEASED N	AME FIRST		MIDDLE		LAST	20. DATE	KNOWN 🕞	MONTH DA	Y YEAR	2b. HOUR
المال المال	PEODRINT	Andr	-CM	J.		DEANE	OF .	ESTI- A	12 1	.519 86	
1, 5	EX	4. RACE	5. DATE OF BIRTH	6. AGE	IN YEARS IF U	NDER TYR. IF UNDER 24		E	MONTH DA		2d HOUR
M	ale	Whit e	May 11	1000	THDAY) MON	THS DAYS HOURS M	PRONOU DEA		10 1	5 19 86	2:35
	BIRTHPLACE	(STATE OR	7b. CITIZEN OF W	4	R		9. BALTIP	MORE CITY OR			
1	Nashi	ngton DC	USA			RIED NEVER MARRIED		timore	City		
		WN OF DEATH	11. NAME OF HO	SPITAL, NURSING H	OME, OR OT		20. USUAL OCCL			KIND OF BUS OR INDUSTRY	MD SINESS T
6	Balti	more	1	ACILITY, GIVE STREET ADDR			chef	RKING LIFE)		or industry	
USI	AL RESIDE	NCE (IF IN NURSING HOME O	R OTHER INSTITUTION, G	IVE RESIDENCE BEFORE AD	MISSION)				12	1701	7
N	STATE Tryl	GL1144	George	Laure 1	/N		8524 M	ülberr	y Dri	ve	
ar.	ATHER'S N	IAME	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE	0 - 3	LAST	
1	Vern		Dean			Betty			Godwi	LN	
1	YES, NO, OR U	ASED EVER IN U.S. ARA		16b. SOCIAL SEC		17 INFORMANT	1	ADDRESS	etic I	720	
	XXXO.	NO		577-86-		Betty Dea	me 1	.22 Cur	Dumfr	ries.	Va
	18 CAU	SE OF DEATH (Enter an	N EV				46.4			APPROXIMATE IF	NTERVAL AND DEATH
	81	IMMEDIA"	E CAUSE (a)	Cervical t	rauma	6 7 7 7					
1	01		DUE TO, OF	AS A CONSEQUEN	ICE OF						
	gav	ditians, if any, which e rise to immediate	(b)								
		e (a) stating the <u>under-</u> g cause last.	DUE TO, OR	AS A CONSEQUEN	ICE OF						
	22.55		(c)	5. T							
	PART 2 OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL OISEA	SE OR CONDITION GIVEN IN PART 1	101				
CERTIFICATION							1				
13	190 DAT	E OF OPERATION	19b. CONDI	TION FOR WHICH (PERATION V	VAS PERFORMED?			20	AUTOPSY?	
1 5										YES 🗌	NO X
		RNAL CAUSE WAS	21b. TIME O HOUR A.A		YEAR 21c H	IOW INJURY OCCURRED	ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT 1 OR PART 2)		
MEDICAL		YING OR BUTING CAUSE OF I	DEATH 1:43xx	12 4 19	86 E	river of aut	o out o	f contr	ol		
SE CONTRACTOR		RY OCCURRED	STREET FAC	OF INJURY AT HON TORY, FARM, ETC.)		OCATION STREET	CITY OR TO	OWN	COUNTY		STATE
	AT WOR	NOT WHILE &	r	oad		ontee Rd.	Be1	tsville		G.	MD
	22a I	certify that I taak charg	e of the remains de	scribed abave, held	an Auta	psy . Inspection X	X, Inquiry	and	in my apınian		
	death r	esulted fram: Natur	al causes .	Accident X	Suicide		Undetermined m		, -,		
	1	-		-		TITLE (SPECIFY)					
	SIGNAT	URE Tree	- 9			A.D. Assistant	_MEDICAL FXA	MINER	DATE SIGNED	12/16	1/86
1	E2237.103	2007	//						5.01425		
	(TYPE OF	PRINT Wil	liam M. 2	lane, M.D.		- ADDITESS	enn St.	Balto.	MD.		
23o.		MATION, REMOVAL 2		23c. NAME OF	CEMETERY C	Cemetery	23d LOCATION	1	CALIFORNIA	9.0	rA
	Buri		8Dec198		Hil.	L Cemetery	Sult	Lland	PG	M	a
24	FUNERAL D	bert E Wi	lhelm			THE DATE SEC	1986 Ju	स्र या अनुवा	DARK TOWN	trek	
		neral Hon	e	Suitland	d. Md.			-			

STATE OF MARYLAND



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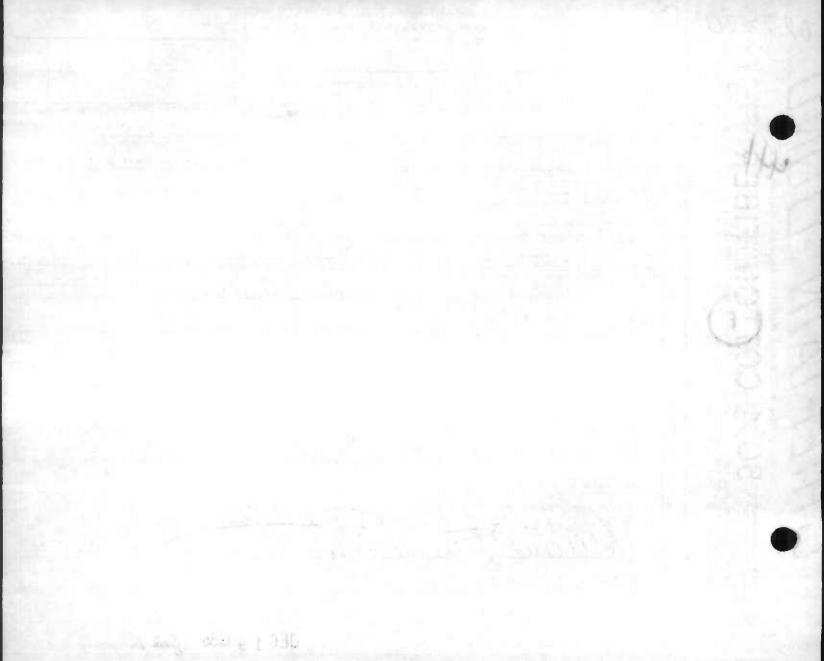
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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010		REGISTRAR			ME	DICAL	EXAMIN	ER'S	CERTIFI	CATEO	FDEAT	TH O	REG. NO.		The state of the s	25-14	
		CEASED NAME OR PRINT)	AE FIR	RST		MIDDLE			LAST		20		NOWN 🖂	MONTH	DAY	YEAR	26. HOUR
20000000000000000000000000000000000000	(11e	E OR PRINT)	Wil	liam	Hun	ter		Den	npsey			OF DEATH /	MATED XX	12	-14 19	86	A
当日本文書 ペ	I. SE		4. RACE		ATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UP	DER 1 YR.	IF UNDER		. DATE	· FD	MONTH	DAY	YEAR	2d HOUR
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E B E B	10. C1	TY OR TOWN	OF DEATH	11 N	AME OF HOS	PITAL, NU	RSING HOME,	OR OTH	IER INSTITU	TION		AL OCCUPA OST OF WORK	ATION (TYPE	OF WORK	126 KIND OR IN	OF BUS	INESS
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20290		L RESIDENCE		OUNTY	R INSTITUTION, GIV		OR TOWN	N)	13d. INSIDE O	ITY LIMITS?							
ANN STANKE	M	laryla	nd -				timor	e	YES				ehigh	St	, 2]	224	
H	14. FA	THER'S NAM	E	MIDE	DLE		LAST		15. MOTH	ER'S MAIDE	NNAME	MID	DLE		LAS	ī	
ON PASSES		ames		mpsey				nes :	H. H	unte							
SE S	{Y	ES, NO, OR UNKH	OWN) (IF YES	S, GIVE WAR OF	DATES)		CIAL SECURITY		17. INFOR				Batt	o,M	d. 2	121	
S A B B B B B B B B B B B B B B B B B B	Y	ES		WWI			-18-1	854	Mrs.	Mar	y An	ne N	oon,1	.505	Arc	onn	eDr
S W W		18. CAUSE (PART I D			cause per line				a 3:		7	D:			BETWEE	N ONSET A	NTERVAL AND DEATH
TANGE AND A			IMM	EDIATE CA	USE (o) Ar				Cardi	ovasc	ular	Disea	ase		-		
作名 15 主义		Canditio	ons, if any, v	which	DUE 10, OR	AS A CON	NSEQUENCE C)-							10		
EDERE		gave i	ise to imme a) stating the u	diote)	(b)	40.04.24	NSEQUENCE C	-									
BAXXXX		lying co		ildei	DUE TO, OK	AS A COP	NSEQUENCE C	-									
DE SERVICE DE LA COLONIA DE LA		PART 2 OTNER 5	SIGNIFICANT COND	ITIONS CONTRH	(c)BUTING TO DEATH 1	HIT NOT BELL	TEO TO THE TERMS	NAL DICEAC	C 0.0 CONOUTIO	N CIVEN IN BAR	7.1						
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PENDIN F MEDIC ED AS A HEALTH	ATIO	19a. DATE O	F OPERATION		196 CONDIT	ION FOR	WHICH OPERA	W NOITA	'AS PERFOR	MED?					20 AUT	OPSY?	
DO HISPA	CERTIFICATION	COST.													AEC		NOXX
THE CONTENT THE CONTENT TO BU	CERT		AL CAUSE WA	AS	216. TIME OF			21c. H	OW INJURY	OCCURRE) (ENTER NA	TURE OF INJU	RY IN ITEM 18 PA	ART I OR PAR			11000000
SHOOT STATE		UNDERLYIN	G □ OR ING □ CAUSE	E OF DEATH		MONIH	DAY YEAR										
ERTING FD 1 3 SH PRIC	MEDICAL	21d INTURY	OCCURRED		21e PLACE C		(AT HOME,		CATION			CITY OR TOW			JNTY		STATE
ARD ARD AGE AGE ATE COLOR	2	AT WORK	NOT WHILE	E	SIREEI, PACI	ORT, FARM, E	10.)		STREET			CITY OR TOWN	N	COL	INIY		STATE
R: TH VTE, V ORW/ OR PA E STA D, 21					ne remains desc	abed obs	for held on	Autop		Inspection	X	Inquiry	nnd nnd	in my op	union		
EXAMINER CERTIFICAT OULD BE FOR DIRECTORS (, WITH THE MARYLAND		death resul	. / .	Natural -	- 100 A	Accordes	. A 5u4	ide-	Hade	ide I		mined man		,, ,,			
CERTION OULD BOIRE WARY			1/h.	-	7	7	4	. 10	/ TITLE IS	PECIFYI							
ALE, W.		SIGNATURE	all	Ull	116	Du	10/1	ny	Assi	Istant	MEDIC	AL EXAMI	NER	DATE	12.	-17-	86
NORA SET TELL		EXAMINER'S	NIA AAE				1 / 1			111 5		3.1	2-11-	3.6-7	1	1001	
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M	0	(TYPE OR PR	INT)	Denn	is F. S		The same of the sa		ADDRESS_				Balto.	, Ma		1201	
KUZ KA9	(5	PECIFY)	ATION, REMOV				NAME OF CEM				23d. LOC CITY OF	ATION		COUN	YTY	STAT	E
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DHMH - 17					L HOM	l Br	ehms 1	Lane	5	OF C		986	1 .	-			
(VR A15 ME (5))	LS	CHIMU	NEK FU	JNERA	L HOM	E, B	alto,	Md.	212	1300	T A		Julia	Marca	Red - Mari	-drill.	•

07/84 BP 25M

DIVISION OF VITAL RECORDS, 201-W-PRESTON ST., BALTIMORE, MD. 2130



STATE OF MARYLAND

	1-	FOR STATE		DEPARTA	MENT OF I	E OF MAR' EALTH AN EICATE O	D MENTAL HY	GIENE 6 0	3 4 0	2 0
1	-S	REGISTRAR EASED NAME FIRST		MIOGLE		LAST	PEATH	REG. NO.	OAY YEAR	In wave
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-	3. SEX		4. RACE		5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 24 HRS	
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	7a. BII	OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVE	R MARRIED	9. BALTIMORE CITY OR COU	INTY OF DEATH	
'n		altimore	USA		WIDOW	1.4	DIVORCED [Baltimor	e Md.	MD.
-	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OR OTHER I	NSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		F BUSINESS OR
ô		altimore LERESIDENCE (IF NURSING HOME)	Liber	TY Med	Cen	ter		<u> </u>		
4	13a. S			Baltin	N	13d. INSIDI	E CITY LIMITS?	130 STREET ADDRESS / ZIP C	ODE ester 2	1216
	-	THER'S NAME			1016	74-	R'S MAIDEN N	AME	CJUCI E	1210
A. V.	F	arlett	MIDDLE	Dennis		Ro	se Mag	Mae	Denn	is
		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFOR	MANT	ADDRESS		
	N		or units)	214-64-	815	Ma	rqueri	te Wood 3737	Lochern	Drive
		18 CAUSE OF DEATH (Enter	anly one cause pe	r line far (a), 1b), and	d (C)				BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUS	ATE CAUSE (a)	SEPTIC	SH	OUK				
			DUE TO, C	R AS A CONSEQUE	NCE OF					
		Canditions, if ony, which	(b)_	PNEUMO	NIP	1 .				
		cause (a), stating the underlying cause last.	DUE TO, O	OR AS A CONSEQUE	NCE OF					
		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELAT	ED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 10	0
	O.	DIABETES	. REN	AL FAIL	URE	- Ri	ESPIRA	TORY FAILU	RE	
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED		F YES, WERE FINDIN ERTIFYING CAUSES YES T	
7	CERT	21a. ACCIDENT WAS UNDERLYING				21c HOW	INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITE		
7		OR CONTRIBUTING CAUSE OF E	KAIN .	.M. MONTH DA	Y YEAR					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCA	TION	CITY OR TOWN	COUNTY	STATE
	Z	AT WORK AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM ETC)	310	ice.	- 6		31770
		220 I certify that (1) (this has	pital) attended t		12-	26	19 86	. to 2-29	19.86	that (I) (we) last
		sow the deceased alive of abave, (1) (we) (did) (did)	nat) view the bady		(G, a	nd that in (n	ny) (aur) apinian	death accurred on the date and	hour and fram the	causes stated
		226. SIGNATURE	non	2		DEGREE .	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE 12-2	9-86
		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDI	RESS			
		BICH T	DUON	4		LIPS	ERTY	MEDICAL CI	ENTER	
		URIAL, CREMATION, REMOVA	L 23b. DATE	23c N	IAME OF C	EMETERY C	R CREMATORY	23d LOCATION	£ OUNTY	STATE
		Rurial	1/2/	87	Mt.	Aube	rn	Baltimore	Md.	

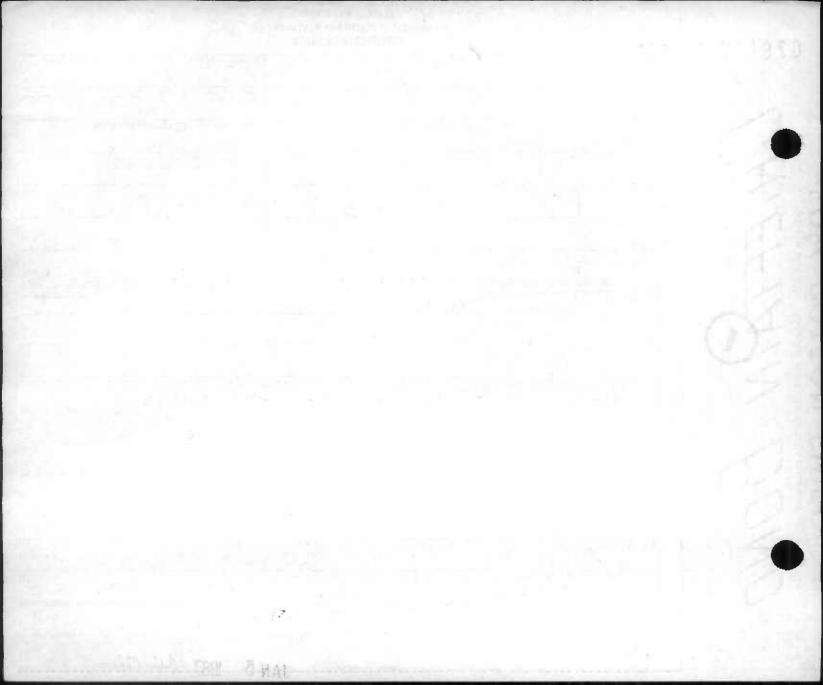
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR W. CM. March F.H. 4300 Wabash

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Julia Sindron P. dase



STATE OF MARYLAND

D	c	G.	M	\cap
17	E.	v.	1.4	◡.

027543)ØG	FOR STATED S REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	5 4 6	2 4
s 4 may be tar, page 3 after death	3. SE	CEASED NAME COUICE ORPRINT) LOUI (ale	S MACE White	Ds 5 DATE O May			MONTH DAY YEAR 12/16 ST THDAY) IF UNDER 1 YEAR MONTHS DAYS	
ther death. Page the funeral direct within Course	79 BI	RTHPLACE (STATE OR FOREIGN COUNTRY) EW Jersey TY, OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSIN	MARRIED WIDOWEI	NEVER MARRIED DIVORCED DIVORCED COTHER INSTITUTION	BALTIMORE CITY O B CA H i MA 120 USUAL OCCUPATION	ON 12h KIND	MD. OF BUSINESS OR
orthin 24 hours o	130, S Ma 14, FA	ryland 135 Coul	Baltime	e admission) /N Dre	13d INSIDE CITY LIMITS? YES A NO 1	13. STREET ADDRESS / 3602 Edge		21211
be executed w	16a V	o No:	MED FORCES? 166 SOCIAL SECULAR OR DATES) 148056	JRITY NO.	Antionett In Informant Martha E.	ADDRE	me As # 13	3
equires that the death certificate is signed by the attending interest. Then please remove call to be burial, cremation, injury, ar other froums	7	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO	ENCE OF	Congesti	and funt	Failur 6	XIMATE INTERVAL ONSET AND DEATH
on. has been permit. ene prior	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION		20a AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE YES	
OR ATTENDING PHYSICIAN: e hospitol or ottending physicials SIRECTOR. After this certifica ched for use as the buriol-tran ched for use of the buriol-tran the of Health and Mental Hy them 21 is marked or Item 18	MEDICAL CE			19 SARM, ETC.) L D	211 LOCATION STREET 19 4 that in (and) (our) apinion of EGREE ATTENDING PHYSICIAN	C)TY OR TO	te and hour and from the	, that we (we) lost e couses stated
TO HOSPITAL (retoined by the TO FUNERAL I should be dero with the State I IMPORTANT: If	23a E	MAIZCOS B. URIAL, CREMATION, REMOVAL	GALICÍA SI 1236. DATE 1230.1	NAME OF CE	Dr. H. CHI	arles GE	Numal Ho	sital similar
DHMH - 16 60M 7/84 (VRA 15, 4)		neral director ccally Funera	ADDRESS				25b. REGISTRAR'S SIGNA	TURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-3	FOR FIATE REGISTRAR	DEPARTMENT OF CERTI	HEALTH AND MENTAL HYG IFICATE OF DEATH	GIENE 5 5	3 4 5 2 2
(TYP	per Nav		Devereaux, Sr		MONTH DAY YEAR 26 HOURS
3 SE	Male	Caucasian MON	06 63 91	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
91	BIRTHPLACE (STATE OR FOREIGN Ba to Md ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? 8 MARRI U.S.A. WIDOW 11. NAME OF HOSPITAL NURSING HOME		9. BALTIMORE CITY OF	City. "
	Balto.	POT IN SUCH FACILITY, GIVE STREET ADDRESS) OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	(South)	(TYPE OF WORK FOR MOST OF Security G	WORKING LIFE) INDUSTRY
130	STATE STATE STATE STATE		13d. INSIDE CITY LIMITS? YES A NO		ZIP CODE ord Road - 21218
	James Pat	rick Devereaux	Emma Emma	WIDDLE	MacKenzie
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECURITY NO. 218-03-9407	Bernard A.De	vereaux, Jr.	-2122
FICATION	PART 2. OTHER SIGNIFICANT C			200 AUTOPSY?	ITION GIVEN IN PART 1:a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY	211 LOCATION		
W	sow the deceased alive on	tol) ottended the deceased from	17 1986		
	276. SIGNATURE	o V. Hocomb	ATTENDING PHYSICIAN TO ADDRESS		
				23d LOCATION CITY OF TOWN EM . Baltimo:	re City, Md21229
	VES NO VES NO				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

THE STATE OF THE S

# 2	1-	FOR STATE REGISTRAR		MEI	STA DEPARTMENT OF DICAL EXAMIN	HEALTH	AARYLAND I AND MENTAL I	HYGIENE DE DESTH	3	breg	ق المرية	20
U Z 6 9 3 4 DEC	1. DE	CEASED NAME	FIRST		WIDDLE		tast Diez	2a. DAT		MONTH		YEAR 26 HOUR
S NECESSARY, PLEASE FUNERAL DIRECTOR. ES FOR YOUR FILES. D. WITHIN 72 HOURS W. RESTON STREET,	3. SEX		ite	DATE OF BIRTH	amuel YEAR 6 AGE (IN YE LAST ALEYHO OF Y	AY) MONT	DER 1 YR. IF UNDER	24 HRS. 2c. DA	UNCED	12 MONTH 12	DAY	86 M YEAR 2d. HOUR 12:22
ECESSAR FOR YOUNGERTON MITHIN	7a. B	RTHPLACE (STATE OR PRESIDENCE OF COUNTRY)	7	b. CITIZEN OF WH	IAT COUNTRY?	0	IED NEVER MARR	IED L	MORECITY OF	COUNT		TH MD.
12308800		ty or town of DEATI Baltimore		310 Im	PITAL, NURSING HOMI CILITY, GIVE STREET ADDRESS) la Street		HER INSTITUTION	12a. USUAL OCC FORMOST OF V	UPATION (TYPE (VORKING LIFE)	OF WORK	Nels	or business dustry on o.
F ANY DE FRAND 3 TO SETAND 5 TO SETAND 5 TO SECORDIS	13a. S	varyland	NG HOME OR C		13c. DTY DO TOWN		13d INSIDE CITY LIMITS? YES KK NO	13° 376 37	la Stre	et 21	1224	
ORE, MD		Henry Henry		MIDDLE	Dietsch		15. MOTHER'S MAID THERESO	2	MIDDLE	Cose		
ALTIMO AFTER SIVE PA SIGN I	16a. V {Y	VAS DECEASED EVER IN ES, NO, 97 UNKNOWN)	U.S. ARME FYES, GIVE WA		215-18-99	03	Frances S	Dietsch	310 Im	la S	t. 21.	224
WITAL RECORDS, 201 W. PRESTON ST E SHOULD BE EXECUTED WITHIN 24 HO WORD "PENDING" IN PENCIL IN ITEM I FORTHER MEDICAL EXAMINER ALONG BE USED AS A BURIAL - TRANSIT PEN INT OF HEALTH AND MENTAL HYGIR BURIAL, CREMATION, OR REMOV	NO	Conditions, if on gove rise to in couse (a) stating the lying couse lost.	MMEDIATE which mediate mediate	CAUSE (0) HVD DUE TO, OR (b) DUE TO, OR (c)	for (o), (b), ond (c).) ertensive & AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF			iovascul	ar d	Iseas	NONSET AND DEATH
DIVISION OF VITAL RECORDS, THIS CERTIFICATE SHOULD BE EXECUTE, WRITING THE WORD "PENDING" REWARDED TO THE CHIEF MEDICAL REPARES 3 SHOULD BE USED AT A BUIL E STATE DEPARTMENT OF HEATH AB BUIL E STATE DEPARTMENT	L CERTIFICATION	19a. DATE OF OPERATI 21a. EXTERNAL CAUSE UNDERLYING OR	WAS	21b. TIME OF HOUR A.M.	INJURY MONTH DAY YEAR	21c. H	AS PERFORMED?	ED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT 1 OR PAR	20 AUTO YES	
	MEDICAL	CONTRIBUTING CA 21d. INJURY OCCURRE WHILE NOT W AT WORK AT WO	D	21e PLACE C	DF INJURY (ATHOME, ORY, FARM, ETC.)		CATION	CITY OR	TOWN	COUI	NTY	STATE
MEDICAL EXAMINE CUTE THE CERTIFICA SE 4 SHOULD BE FO FUNERAL DIRECTO FR DEATH, WITH THI TIMORE, MARYLAN		22a I certify that I to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Noturol	couses X,	zribed obove, held on Accident . Su	Autop icideM	Homicide , TITLE (SPECIFY) D. Assistan	Undetermined	monner .	DATE SIGNED		/9/86
07/84 BP DHMH - 17	24. F	Burial JINERAL DIRECTOR	1	12-11-86	Oak Lau	n Cen	netery 9250. DATE		RAR 256 REGIS	COUNT CO.CO. TRAR S.S.R.	Md	STATE
(VR A15 ME (5))	0	rarles S.Ze	iler d	Son Inc	c. 6224 Eas	tern	Ave. Di	L 1 0 198	36 Julia	Paren		

F 1 5 3 200

7-1/2 yes = 1 1/2 200 and 1/2 2

A COLL COMPANY AND THE TOTAL T

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTICIC ATE OF DEATH

3	6
	_

Elkridge

Howard

MD. TATE

P .	EGISTRAR				CENTIN	ICAIL OI	PERIII		REG.	NO.			
	CEASED NAME	FIRST	A	AIDDLE	Ĺ	AST		20 DATE	OF DEATH	MONTH	DAY	YEAR	2h HOUR
(TYP	E OR PRINT)	Marth	a_ A	1attie	1	ill				Decemb	sen 4	1986	9'37 AM
3, 58	X		RACE		5. DATE C			6. AGE (IN	YEARS LAST	BIRTHDAY)	IF UN	DER TYEAR	IF UNDER 24 HRS. HOURS MIN.
1	Female		Canco	sian	MONTH O 3		1105		81	YRS	0	27	HOURS MIN.
74.1	IRTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARDIE	□ NEVE	MARRIED -	9 BALTIM	ORE CITY	OR COUN	TY OF [DEATH	
1 M	aruland		U,	S. A.	WIDOWE		ONORCED [300	fimor	e (why	ME
2	Baltmore		(IF NOT IN "	HOSPITAL, NURSING THE STREET HOSPITA	ADDRESS)	OR OTHER IN	STITUTION	(TYPE OF WO	LOCCUPA ORK FOR MOS USEWI	TOF WORKING	LIFE) 12	ZE KIND C	OF BUSINESS OR
lla.	AL RESIDENCE (IF NU STATE Marylone	131 COUNTY	HER INSTITUTION.	13c. CITY OR TOW	N SO O	YES 🗌	CITY LIMITS?		ADDRES	s/zipco gate	Circ	:le_	21784
17	ATHER'S NAME FIRST UNKNOWN	MI	DDIE	Greives		IS MOTHE	r's maiden na UNKNO		MIDDLE			LAS	Sī
	WAS DECEASED EVE			166 SOCIAL SECU			MANT Mr.						21784
	(YES, NO OR UNKNOWN)	(IF YES, GIVE V		212 05	- 9005	797 1	rongate	circ.	le S	ykesv	ille	2, ML).
NO	gove rise to in couse (a), stolunderlying cou	ting the se lost.	(c)_	R AS A CONSEQUE	arte	y and	ED TO HE TERM		ASE OR CO	NDITION (SIVEN IF	N PART 11	a
CERTIFICATION	None	ATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	YES [TOPSY?	IN CER		G CAUSES	NGS USED S OF DEATH? NO
	21a. ACCIDENT WAS U	CAUSE OF DEATH	21b. TIME O HOUR A P.	M. MONTH DA	Y YEAR	21c HOW	INJURY OCCURI	RED (ENTER	NATURE OF IN	JURY IN ITEM I	8 PART 1 (OR PART 2)	
MEDICAL	WORK AT W	WHILE D		REET, FACTORY OFFICE F		21f LOCAT			CITY OR	TOWN	(COUNTY	STATE
	sow the deced obove, (I) (we	I) (this hospito osed olive on (did) (did not)	4 Dec		<u> </u>	nd that in (m	y) (our) opinion			date and h	nour ond		
1	22b. SIGNATURE		. Duller .	~		DEGREE	ATTENDING	MEDICA	aL ST	AFF		ZZE DATE	Jula
1	thump !	7. Neus	radu, r	山山,		1	PHYSICIAN [R PHYS			1	14/80
	PHYSICIAN'S	NAME (TYPE OR P	RINT)			22e ADDR	L Hospid	tolof	Ball	rmore	b.		,
230	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY O	R CREMATORY	23d. LO	CATION			N INITY	*****
	(SPECIFY)	7	10/0	100	4 7	• 7	14 D		ITY OR TOWN	7	77 -00	DUNTY J	MATSTATE

Meadowridge Mem. Park

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Indiso DATE REC'D BY REGISTRAR'S SIGNATURE 8728 Liberty Road Randalls town, MD. 21133

Burial

12/8/86

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR - STATE

ST	ATE	OF.	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

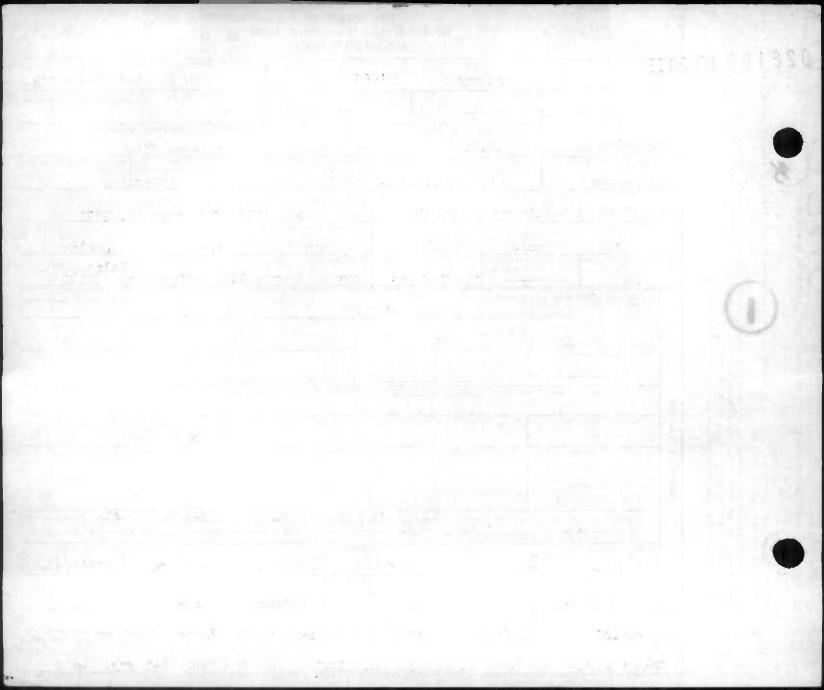
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Artia Tinker Pulses

	REGISTRAR		CERTI	ICAIL OI	DEATH	REG. N	Ο.				
क्ष	DECEASED NAME FIRST	MIDDLE		LAST	117	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	R
	Marion	Gertrude	DI	TON		/	2	22	28	24	AM
3:5	SEX	4. RACE	5. DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIR	(YAGHTI	MONTHS	RIYEAR	IF UNDER 2	24 HRS
1	Female	White	8	16	1898	88	YRS		DATS	HOURS	avini.
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY C	R COUN	TY OF DE	HTA		
_	Pennsylvania	U.S.A.	WIDOW	EDX [ONORCED	Batimo	re C	ity			MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER IN	STITUTION	120 USUAL OCCUPAT			KIND O	F BUSINES	SS OR
	Alti-more	Union Memori					Hom	emake	er		
	UAL RESIDENCE (IF NURSING HOME OF	VTY 13c. CITY OR TOV			CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CC	DE			
1	Maryland Bal	timore Dundalk	ζ	YES 🗌	NOX	7800 Fairg			/212	22	
14	FATHER'S NAME FIRST	MIDOLE LAST		15 MOTHER	EIRST	WIOOFE			LAST	1	
Ψ		eele Smith		M	ary	Ann			Dub.	lin	
	(YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	URITY NO.	17 INFORM		ADDR		Ba	alto	. Mo	1.
	No -	218/22/8	3549	Mary	J. Lower	cy 3475 McS	hane	Way	212	222	
	18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), ar	nd ICIJ	1-					APPROXI	MATE INTERV DNSET AND D	VAL DEATH
		TE CAUSE (a) Cardia	C Hr	rest							
		DUE TO, OR AS A CONSEOU	ENCE OF								
	Conditions, if ony, which	(16) CHE									
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU	ENCE OF								
	underlying cause lost.	(c)									
7		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEASE OR CON	DITION	SIVEN IN	PART No		
CERTIFICATION		To an analysis of the second				T	T	/Fo 11/F0/	- F1-15-		
N S	190. DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	IN CER	TIFYING	CAUSES	OF DEATH	H?
ERT	21g. ACCIDENT WAS UNDERLYING	1 216. TIME OF INJURY		1214 HOW I	NILIPY OCCUPA	YES NO NO ED (ENTER NATURE OF INJU		YES	0.07.0)	NO 🗌)
		HOUR A.M. MONTH D	AY YEAR	210.1104	NOOKI OCCORK	ED (ENTER NATURE OF INJU	RYINIEMI	8 PARTION	PART 21		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED	P.M. 21e. PLACE OF INJURY	19	21f. LOCAT	ION						
ME		(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STRE		CITY OR TO)WN	co	UNTY	51	TATE
		ital) attended the deceased fram	- 1	2.119	ъ И	12.1	27.	10	7	1	.1 .
	sow the deceased olive an	12/22 19	86 .0	nd that in (m)	() (aur) apinian d	death occurred an the d	ate and h	our and f		that (1) (w	
1	above, (1) (we) (did) (did no	at) view the bady after death.		DEGREE					c DATE S		
	0, 7	0-	N	17	ATTENDING	MEDICAL STA			12/2	2/81	1
+	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e. ADDRE	PHYSICIAN _	DIRECTOR PHYSIC	TAND		10	0100	9
	Demu - T D										
230	Donna L. Do		NIAME OF		Ol Unive	rsity Parfi	vay				
230	(SPECIFY)					CITY OR TOWN		COUN			ATE
24	Burial FUNERAL DIRECTOR	112/23/1986 Sa	cred	Heart (Cemetery	Baltimore	25h PEG	STRAPS	nd 2	21224	
	NAME	ADORESS Doll	. 14	a 010	45.45	TO O IZ 4000					
	Marrer Drooks Bl	oks Bradley Inc. Balto., Md. 21222 DFC 23 1986 / Min Join 1986									

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or oth



acuted within 24	Constitute tilled in	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be recurs of this 24 retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and mannering filling in print should be detached for use as the burial-transit permit. Then please remove carbon papers, from foreign energy with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event, the medicing commitments in marked.	

027598

1	1			STAT	E OF MARYLAND			
	C - SATE REGISTRAR				EALTH AND MENTAL HYG	PIENE & S		o di 9
	I. DECEASED NAME FIRST	PETER	A •		AST DIRITO	20. DATE OF DEATH	12 17	86 26 HOUR 3:30A M
1	3. SEX Male	4 RACE White	5	MONTH	of BIRTH 11 5, 1922	6 AGE (IN YEARS LAST BIRT	64 MONTHS	DAYS HOURS MIN.
1	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY)				D KKNEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY OF DEA more City	
1	New Jersey 10 CITY OR TOWN OF DEATH Baltimore	NAME OF		RESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O Analyst	ON F WORKING LIFE) 12b. 1 INDI	KIND OF BUSINESS OR USTRY Social urity Adm.
5	Maryland Bal	e or other institution DUNTY timore	13c CITY OR TOWN Catonsvill		13d, INSIDE CITY LIMITS? YES NO X		t Avenue	21228
1	John	WIDDLE	DiRito		15. MOTHER'S MAIDEN NAME FIRST Lucy	MIDDLE		tellucci
7	160°WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	425-48-33		Lois F. Di	Rito Sar	ss ne as # 1	3
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	RAS A CONSEQUENCE	CROF	ic CARDIOU	NOULAR D	ISEANE	YEARS
		IT CONDITIONS C			NOT RELATED TO THE TERM			
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH OP	ERATIO	N WAS PERFORMED	YES NO	206. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH? NO
		DEATH HOUR A	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR P	'ART 2)
	OR CONTRIBUTING CAUSE OF (IF EITHER NOTHEY MEDICAL EXAM 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FARM	ETC)	21f LOCATION STREET	CITY OR TO	VN COU	NTY STATE
	22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did) (2b. SIGNATURE	D.D.	12/12 10 Ft		2 / (6 19 19 AC) and that in (94) (our) opinion of DEGREE ATTENDING	MEDICAL STAF	F 22c.	m the causes stated DATE SIGNED
-	220 PHYSICIAN'S NAME (IT	PEAR	wan w	1.0.	22e. ADDRESS ST. AGNET M	Baltimore,		NN NOT.
	23a BURIAL, CREMATION, REMOV SPECIFY) Burial	12/20/	86 Lak	e Vi	EMETERY OR CREMATORY Lew Cemetery	23d LOCATION CITY OF TOWN Sykesvill	e Carro	ll Maryland
	Leroyme M. & Russ	ell C. Wi	tzke Euner	al F	Homes P.A. 250 DAT	NEG 4 8-1880	TS BEGISTRANDS	CHATURA

1630 Edmondson Avenue, Catonsville, MD. 21228

DHMH - 16 50M 1/81 (VRA 15, 4)

DEV 1.8 1986

FOR STATE REGISTRAR				MENT OF H		AND M	ENTAL	2	3 ()	REG	3 NO.	es-e	U	3	0
1. DECEASED NAM	AE FIRST		MIDDLE		LA	sr			2a. DATE OF	KNOWN ESTI-	· 🔀	MONTH	DAY	YEAR	25 HOUR
	JAMI	ES		T.	DT	SNEY	- SR		DEATH	MATED		12_	12-8	2	M
3. SEX Male	White	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY 86 YRS	RS IF UND	ER 1 YR.		R 24 HRS.	2c. DATE PRONOUI DEAL	NCED			12-8		2ampur 10:53
To BIRTHPLACE (76. CITIZEN OF W	HAT COUN	ITRY?	8. MARRIED		VER MAR DIVOR		9 BALTIA		_	COUN	TY OF D		MD.
Baltimor		11 NAME OF HO (IF NOT IN SUCH F	ACILITY, GIVE S	TREET ADDRESS)		RINSTITU	TION	FOR	MOST OF WO	RKING LIFE)			OR	INDUST	ISINESS RY
USUAL RESIDENCE 130 STATE Md.	(IF IN NURSING HOME	OR OTHER INSTITUTION, C	13c. CITY		N)	MES X	NO [REET ADDR		nt	Ave	. 21	206	
14. FATHER'S NAM		MIDDLE . D.	Dis	last nev	1	1	er's MAIE erva	DEN NAM	E	MIDDLE		Thei	L	AST.	
160. WAS DECEAS (YES, NO, OR UNKN	ED EVER IN U.S. AR	MED FORCES? WAR OR DATES)		-05-903		7. INFOR	THAN	Lau	rel, y,335			207 e Ge	- 0	St	
18 CAUSE	OF DEATH (Enter or	ly one couse per lin	e for (a) (b)	and (c)									APP	ROXIMAT	EINTERVAL

	No		213-05-9030	Anne D	. Bailey, 335 Prin	ce Geo	rge St.
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDI	ATE CAUSE (a) Arte	eriosclerotic	cardiova	scular disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	Conditions, if any, whice gave rise to immedio couse (a) stoting the <u>underlying couse last</u> .	th (b)	S A CONSEQUENCE OF				
ATION	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU					
CERTIFICA	190. DATE OF OPERATION		ON FOR WHICH OPERATION				20 AUTOPSY? YES NO
-	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	No. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART	2)
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF STREET, FACTO		If. LOCATION STREET	CITY OR TOWN	COUN	ITY STATE
	27a. I certify that I took cho death resulted from: Nat ACTUAL SIGNATURE	च्छ	ibed abave, held an Accident D, Suicide	Hamicide TITLE (SPEC	Undetermined manner	DATE SIGNED	10.10.00

07/B4 25M

> **DHMH - 17** (VR A15 ME (5))

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH. WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BY

Burial 12-15-86 24 FUNERAL DIRECTOR

EXAMINER'S NAME

230 BURIAL, CREMATION, REMOVAL 236. DATE

(TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY Gardens of Faith

Margarita A. Korell, M.D. ADDRESS

238. LOCATION Balto., Md.

111 Penn Street

COUNTY

STATE

Leonard J. Ruck, Inc., 5305 Harford Rd.

DEC 151986 Julia Dicison Park

9001-02-8 exist si tioner trees are in the same it The man with the state of the country of

a by columnes fight. M. r. A.

And the local annulus of the

I beer and for , and , least to peace I

FOR

STATE OF MARYLAND

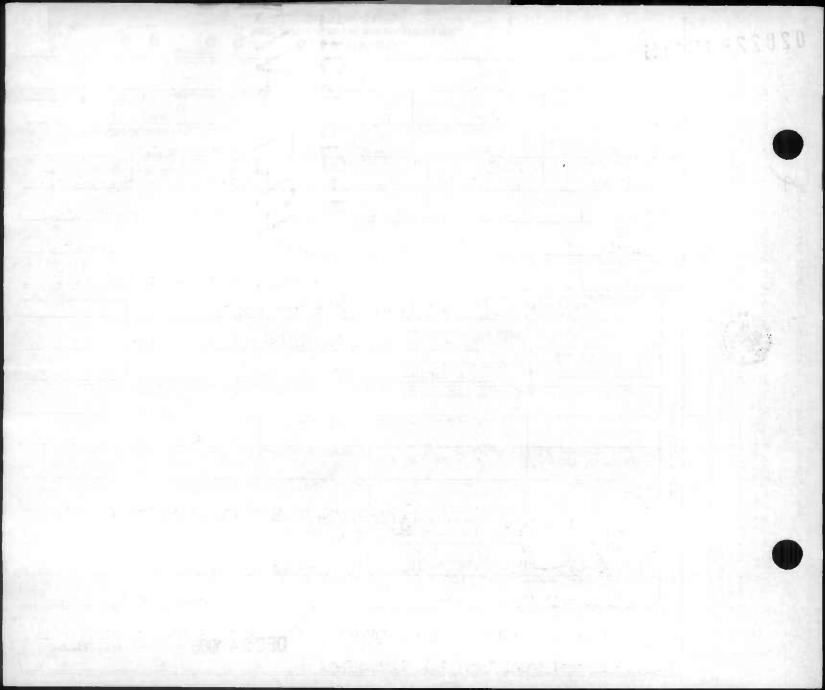
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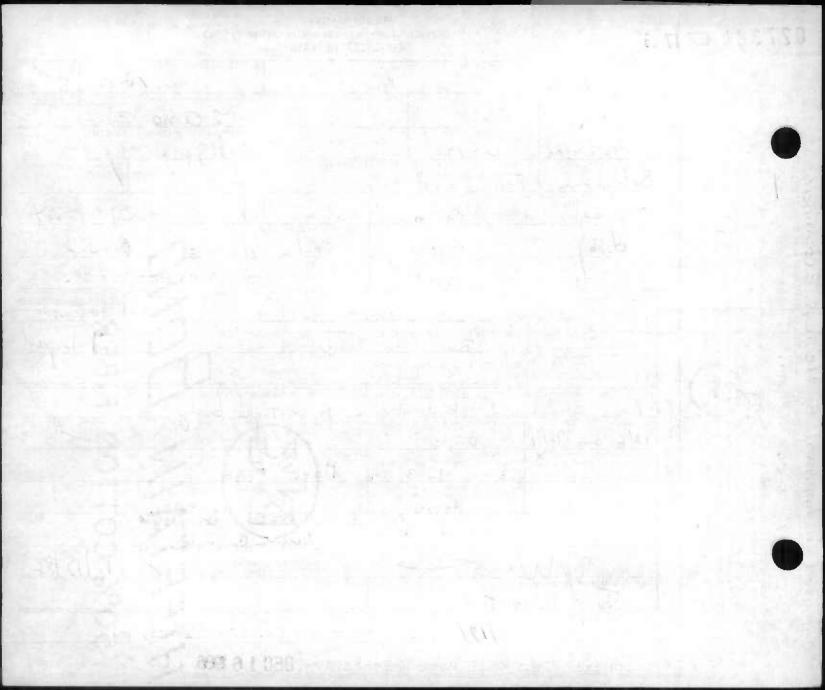
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5 ⊢ 2 3 ₹	23a B	URIAL, CREMATION,				23c. NAME	OF CEMET			23d. LOCA	TION		COUN	NIY	STATE
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HMH - 16 60M 7/84	24_FL	INERAL DIRECTOR			ADD	RESS	2122	9	250. Dane	624 R	1986AR	25 REGI	STRAR'S	PICHAT	Redace

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 60M 7/84

(VRA 15, 4)





250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Wm. C. March F/H, Inc. 1101 F. North Avenue

DHMH - 17

(VR A15 ME (5))

07/84 25M

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	VAS DECEASE		ARMED FORCES?	166.	SOCIAL SECURITY	NO. 17. IN	FORMANT			ADDRES				
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	18. CAUSE C	F DEATH (Enter	only one cause p	er line for (a	a), (b), ond (c).)								APPROXIMAT	E IN
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NC	cause (a lying cou) stating the <u>underselast.</u>	er- DUE TO (c)_ INS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE DR CO								
ATION	PART 2 DINER S) stating the <u>underselast.</u>	DUE TO (c) ONS CONTRIBUTING TO Arteric	DEATH BUT NO	(3)	IAL DISEASE DR CO	ular d		2			20	AUTOPSY	,
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12	12	
	V	

3. S	DECEASED NAME FIRST TYPE OR PRINT) SEX Female BIRTHPLACE (STATE OR FOREIGN COUNTRY)	A. RACE	DONO FRIO	REG. NO.	ONTH DAY YEAR 26 HOUR
3. S	SEX Female BIRTHPLACE (STATE OR FOREIGN	A. RACE	DONO FRIO	1	
	Female BIRTHPLACE (STATE OR FOREIGN	1 X /	5 DATE OF BIRTH	1	2 19 86 2:30
4	BIRTHPLACE (STATE OR FOREIGN	White	MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	
4			May 15 1906		YRS
0.1		76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
1	Maryland	USA	WIDOWED DIVORCED [Baltimore	
5	Bal timore	(IF NOT IN SUCH FACILITY, GIVESTREE) Good Samarita	NG HOME OR OTHER INSTITUTION TABLES TO THE PROPERTY OF THE PRO	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Home Make)	12b. KIND OF BUSINES INDUSTRY
130	STATE NO COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR JUSTY 13c. CITY OR TOVE		8521 Apt. (Old Harford Ro
9	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN I	MIDDLE	LAST
201	Felix	Palu	umbo Angeli	a	Cremona
160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 212–34–	May Taranh	M. D'Onofrio	Same
		only one couse per line for (a), (b), or		10000	APPROXIMATE INTERV BETWEEN ONSET AND D
	IMMEDIA	ATE CAUSE (O)	IKATURI	ARRES	
	Conditions, if onv. which	DUE TO, OR AS A CONSEQU	FAI/I	IRF	
CATION		(b) KE VA DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO	FAIL	RMINAL DISEASE OR CONDIT	Ob. IF YES, WERE FINDINGS USED
TIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b) KE VA DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO	JENCE OF DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDIT	
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DHMH - 16 60M 7/84 (VRA 15, 4)

Baltimore, Md. Leonard J. Ruck, Inc.

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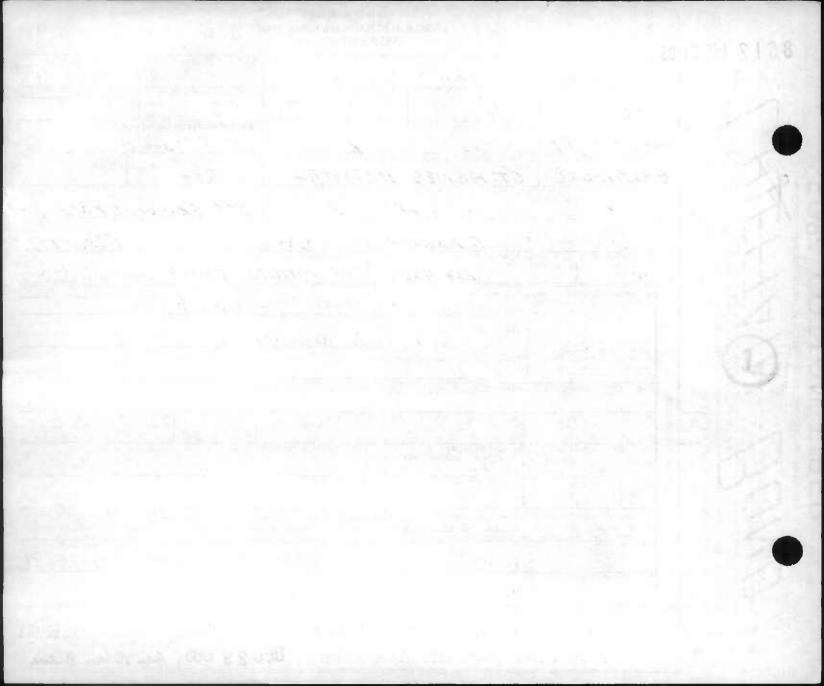
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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FOR STATE REGISTRAR	DEP		IEALTH AND MENTAL HYO	GIENE & 6	3 4 3	50
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TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8		9. BALTIMORE CITY OR C		
Pennsylvania	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED		ore City	AAD
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME		12a USUAL OCCUPATION		MD. OF BUSINESS OR
BALTIMORE	ST. AGNE	ES HO	38PITAL	Homemaker	ORKING LIFE) INDUSTR	<u></u>
UAL RESIDENCE (IF NURSING HOME O IT STATE 136 COU Maryland -		TOWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 711 570 Brisbane		1229
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Luther		wartz	Lula	MODIL	,	ler
160 WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		
NO NO		4-3270	Betty Jean I	Dorsey 570 Br	isbane Rd.	. 21229
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	FD BY		netastic Co	a breast	APPRO BETWEE	OXIMATÉ INTERVAL N ONSET AND DEATH
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OR CONTRIBUTING CAUSE OF DE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
220.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no	13 - 11	01	nd that in (my) (our) apinian	death accurred an the date of	and hour and from the	, that (I) (we) last he causes stated
22b. SIGNATURE	Signoons		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF A DIRECTOR PHYSICIAN	10	- 24-86
22d. PHYSICIAN'S NAME (TYPE		WONG	22e ADDRESS	Agnes He	OSP	
230 BURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
Burial	12/29/86	Meadow	ridge Mem. Pk	. Elkridge l		Maryland
24 FUNERAL DIRECTOR Hubbard Funeral	Home, Inc. 410	75° Wilkei		EC 2 9 1986	REGISTRAR'S SIGN	ATURE - Pendace

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTO



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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INTY 13c. CITY OF	R TOWN 13d, INSIDE CITY LIMIT ONE YES (NO	2851 W. North A	
	ST F#KST	WIDOSE	Simms
	L SECURITY NO. 17. INFORMANT	ADDRESS	
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3	Hyrer few un	20a AUTOPSY? 20b	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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at new the body ofter death.	DEGREE		221. DATE SIGNED
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CA PRINT)	22e. ADDRESS	7	
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		DATE REC'D. BY REGISTRAR 2%.	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After this certificate has been signs should be detoched for use as the burial-tronsit permit. Then a with the Stote Dept. of Health and Mental Hygiene prior to but

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

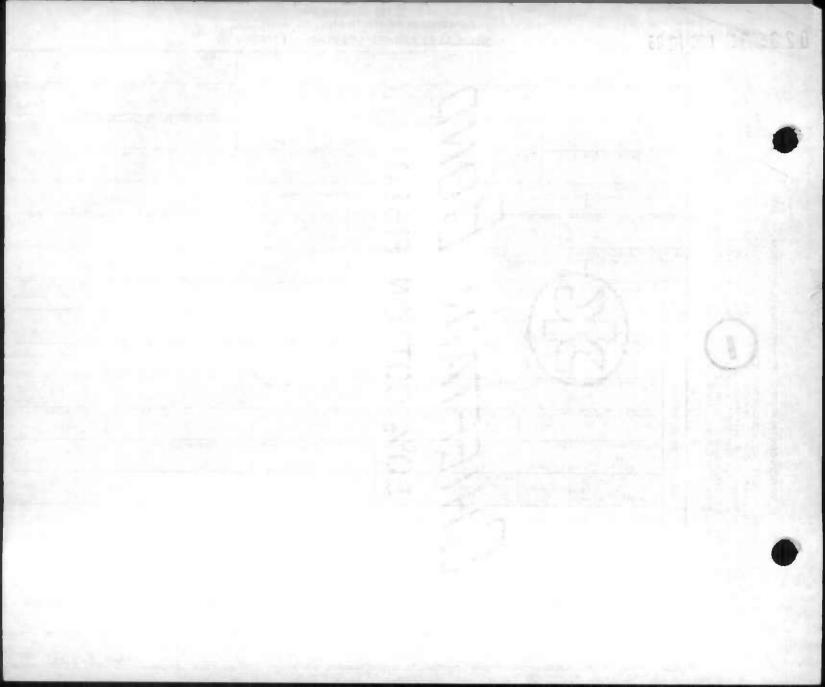
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

REG NO

02	682	2 9 DEC	1	FOR STATE COISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	4000			
				CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR			
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AND	2	110	1	TARY LAND 136 COUN		ORE YES X NO	25/2 DRUID H	FILL AVE			
MARYL	8	intr	14.5	FRED	DOUG DIAST	15 MOTHER'S MAIDEN NA		LAST			
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ā	200	100			tol) ottended the deceased from	December 7 10 86	5	86 that Mr (we) last			
4	Z 7 8	311		saw the deceased alive on	December 8, 19	86 , and that in (nX) (aur) apinian	death accurred on the date and hour ar	nd from the causes stated			
	A GI P	2 5 5		obove, X (we) (did) (XXXX	r view the body after death.	DEGREE		77s. DATE SIGNED Z.			
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	A A	1117	1	224 PHYSICIAN'S NAME (THE O	e Manufi	PHYSICIAN [DIRECTOR PHYSICIAN	1-100			
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	0 6 5	213	-	11.75111	PAN IN		id General Hospital				
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		16 60M 7/84	0	NAME DIRECTOR	ADDRESS			- 1 A			
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HOUR	3. SE>	4 RACE	5. DATE O		6. AGE (IN YEAR	s IF UNDI		UNDER 24		ATE	MONTH	DAY YE	AR 28. HOUR
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The same	10. CI	TY OR TOWN OF DEATH	II NAME	OF HOSPITAL, NU	IRSING HOME						ore Ci		BUSINESS
X				IN SUCH FACILITY, GIVE S	STREET ADDRESS)				FOR MOST OF	WORKING LIFE)		OR INDU	
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_	160. V	AS DECEASED EVER IN U.S		S? 166 SO	CIAL SECURITY		7. INFORMA			ADDR	RESS		
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1	¥	19a. DATE OF OPERATION	196	CONDITION FOR	WHICH OPERA	TION WAS	S PERFORME	ED?				20 AUTOP	SY?
	Ě											YES 5	ON D
5	CERTIFICATION	210 EXTERNAL CAUSE WA		TIME OF INJURY	DAY 1/2:-	21c HOV	W INJURY O	CCURRED I	ENTER NATURE C	DF INJURY IN ITE	M 18 PART 1 OR P.		
5		UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH TO	:20M. 12	5 1986	Sul	bject	shot					
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		220. I certify that I took	horge of the rem	noins described ob	ove, held on _	Autopsy	X, Ir	nspection [, Inqu	Diry .	ond in my o	pinion	
		death resulted fram: 1	Notural couses [Suic	ide .	Homicide	e X.	Undetermine	d monner			
		A		D V			TITLE (SPEC						
		ACTUAL SIGNATURE	Jishe	Vone you	00	44 10	Assist		. MEDICALE	V A 44 IN 150	DATE		5/86
7		SIGNATURE		1.0		, M.D			- MEDICALE)	AMINER	SIGN	(EU	
1	-	EXAMINER'S NAME (TYPE OR PRINT)	Margari	ta A. Ko	rell. M	D	1	lll Pe	nn St.	Ва	lto.MD).	
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	(5	PECIFY)	12-11	86 MG	NAME OF CEM	ION	SEMPER		LANSD		COL	MD YIMU	STATE
		RIAL INERAL DIRECTOR					125-				REGISTRAR'S	CICALATURE	
)	24 7	NAME		ADDRESS			230	DEC	1 O 100	C 230. 1			
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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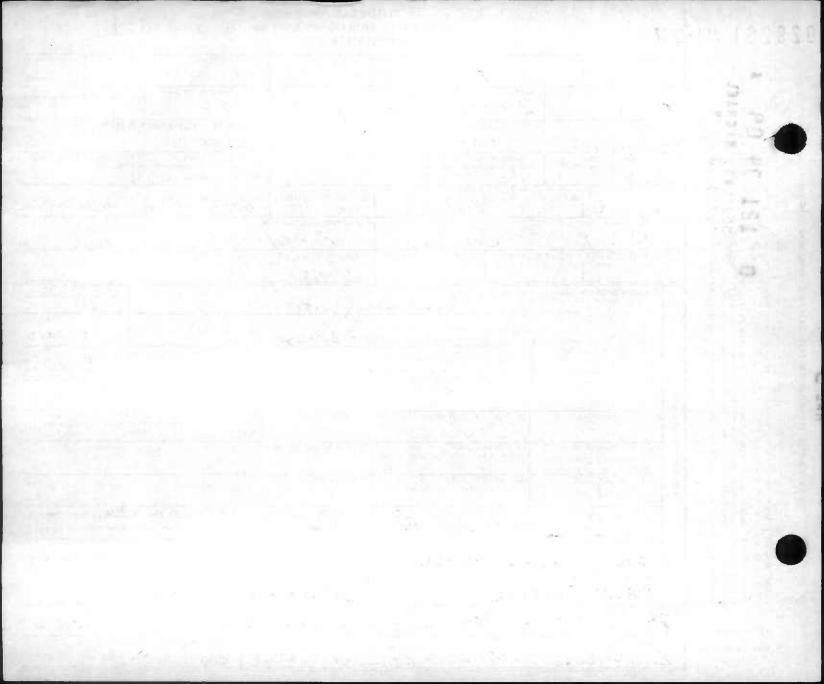
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ø	de Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER A	ARRIED 🗆	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	TO LET
7	A	Adelland	45.	WIDOW		ORCED	BALTIMORE	CITY		MD.
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		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECUR	ITY NO.	17 INFORMA	The state of	ADDRE		uan	73
	7	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN (c) TV AVILLE CONDITIONS CONTRIBUTING TO DI	CE OF he	out di	rest sease TO THE TERMI	nal disease or con	DITION GI	2	GNSEI AND DEATH ONSEI AND DEATH O GNSEI AND DEATH O GNSEI AND DEATH
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	230. B	DAVID CAR BURIAL, CREMATION, REMOVAL STEMATION, REMOVAL STEMATION INTERNAL DIRECTOR	236. DATE /87 23c N.	AME OF C	EMETERY OR C	1	23A LOCATION BITY OR TOWN	nie	COUNTY	Mariate.

1721-27 N. Monrae St. DEU 31 1986

DHMH - 16 60M 7/84 (VRA 15, 4)

E. L. Phichips

BP.

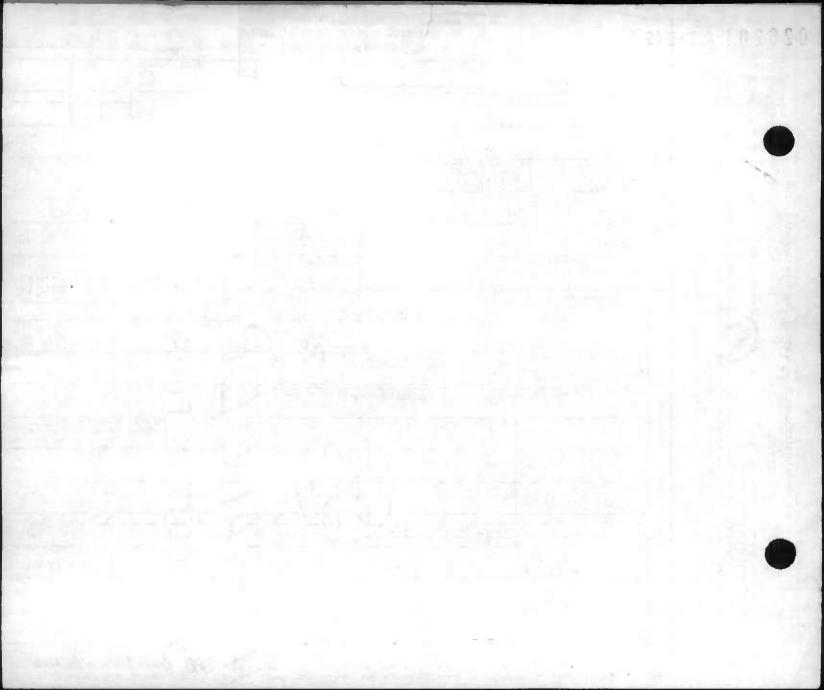


DHMH - 16 50M 1/76 (VR A 15 (4)) 24 FUNERAL DIRECTOR

E.L. PHILLIPS 1721 NORTH MONROF STREET

ADDRESS

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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7000) חבר פס	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH		Ö S	4 3	4 3
9	DEC ZJ		CEASED NAME FIRST	wes F. Doi	ven	(DOWELL)	20. DATE OF DE	ATH MONTH	DAY YEAR	26. HOUR
ge 4 may	sctar, pages after d	3. SE		1. RACE	5. DATE OF	BIRTH YEAR	6 AGE (INYEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Of the	The state of the s		RTHPLACE (STATE OR FOREIGN COUNTRY) SAME	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED WIDOWED	□ NEVER MARRIED □ □ DIVORCED □	9. BALTIMORE	CITY OR COUNT	-	Z- MD
2	11 90		BALTIMORE	11. NAME OF HOSPITAL, NUI	RSING HOME OF		120 USUAL OCI	CUPATION R MOST OF WORKING I	12b. KIND OF	F BUSINESS OR
24 hou	A Company	13a	AL RESIDENCE (IF NURSING HOME OR) TATE 136 COUN		OWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADD	PUPLER	E S - 2	1216
and within	1300	14. F.	ATHER'S NAME AMAS H. DO	MIDDLE LAST		ROS'A WE	ME	IDDLE	LAST	
7	11/			MED FORCES? 166 SOCIAL S E WAR OR DATES) 220 0		17. INFORMANT Marchae	Wood "	3304CL	ZIZ IFTON A	
(8)			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (a), (b		nces				MATE INTERVAL DNSET AND DEATH
hat the death	by the attendi ase remave car I, crematian, ar ather traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE						
duires t	signed Then ple ta buna njury, ar	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE O	r condition G	VEN IN PART 110	
he law re	permit ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPS	IN CERT	S, WERE FINDIN	IGS USED OF DEATH?
S PHYSICIAN: T	the burial-transit g and Mental Hygier ked ar Item 18 shav	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED NOTIFY OF THE ALTWORK AT WORK AT WORK	HOUR A.M. MONTH	19	21c. HOW INJURY OCCURI 21f LOCATION STREET		OF INJURY IN ITEM 18	PART 1 OR PART 2)	STATE
TTENDING spital ar a	CTOR: Afre far use as af Health		22a.l certify that (1) (this haspi		60	19 80 I that in (my) (aur) apinian	, 10	12/15 n the date and ha		that (I) (we) last causes stated
TAL OR A	ERAL DIREC e detached State Dept ANT: If Item		22b. SIGNATURE	he In	0		MEDICAL DIRECTOR	STAFF PHYSICIAN	120 DATE:	ish
O HOSPII	should be det with the State		22d. PHYSICIAN NAME (TYPE O	PAYS MJ		905/BA	IT M	77 P112	e te	my 210AB
7 2	5 5 2	230	BURIAL, CREMATION, REMOVAL	23b. DATE	31 NAME OF CE	METERY OR CREMATORY	23d LOCATIO	N		

DHMH - 16 60M 7/84

BURIAL 24 FUNERAL DIRECTOR JOSEPH L. RUSS 2222W, NORTH AYE (VRA 15, 4)

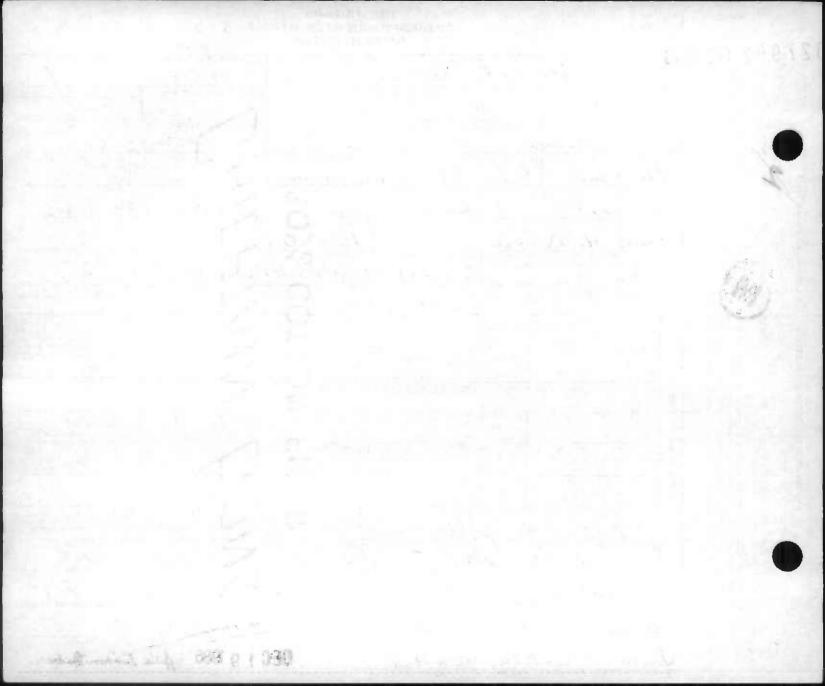
12-18-84 ME ZIUN CEM

15 DATE CO. MIN

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Adda Diram Richar

DEC 1 9 1986



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1 0		FOR STATE REGISTRAR		FMAKTLAND LTH AND MENTAL HYGIE ATE OF DEATH	ENE 8 6	3 4 3 4 4
JU	I. DEC	EASED NAME FIRST	MIDDLE LAST		20 DATE OF DEATH MONT	
	(TYPE	THERESA	FEELELI DOW	NES	12/20/86	1145
	3. SEX		RACE WHITE S DATE OF B	19 1898		MONTHS DAYS HOURS MIN.
	BO	TUT HORE CITY	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED 5	DIVORCED	BALTIMORECITY OR CO	y Md.
		ACTIMONE	I. NAME OF HOSPITAL, NURSING HOME OF C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1545 Wadsworth Way	OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WOR HOUSE WI.	
Day De	13a. S	RESIDENCE (IF NURSING HOME OR O TATE 13b. COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13(. CITY OR TOWN 13(.)	I. INSIDE CITY LIMITS?	3. STREET ADDRESS 1545 WAD	SWORTH WAY
examine	14. FA		OHAS FEELEY	MOTHER'S MAIDEN NAM	MIDDLE	SUEENEY
medico		/AS DICEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 16b. SOCIAL SECURITY NO. 17 AR OR DATES) 219–10–5799	INFORMANT JAUGHTER:	THERESA BLA	AKELY SAME
rvent, me		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		EDEMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Q GCCI
y, or other mounding			DUE TO, OR AS A CONSEQUENCE OF (b) ARTERIO - CARDI DUE TO, OR AS A CONSEQUENCE OF (c) SENILITY INDITIONS CONTRIBUTING TO DEATH BUT NO			20 YEAV
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION V	VAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY 2	16. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN IT	
ked of He	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		IF. LOCATION STREET	CITY OR TOWN	COUNTY STATE
iom si 12		220.1 certify that (I) (this haspite sow the deceased alive on above, (I) (we) (did) (did not).	to ottended the deceosed from 6/26/19 12/20/19 86 19 ond to view the body ofter death.		to 12 20 eoth occurred on the date or	19, that (I) (we) lo
E		226. SIGNATURE H May gret Zasse	uliais 1.0°	PHYSICIAN 🗸	MEDICAL STAFF DIRECTOR PHYSICIAN	12/20/86
M-OKIAN.		22d. PHYSICIAN'S NAME (TYPE OR P H. HARGRET	2 4 4	7028 RELLI	DNA AVE	BALTO, 170 212
		urial, cremation, removal Burial	236. DATE 23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION	COUNTY STATE

STATE OF MARYLAND

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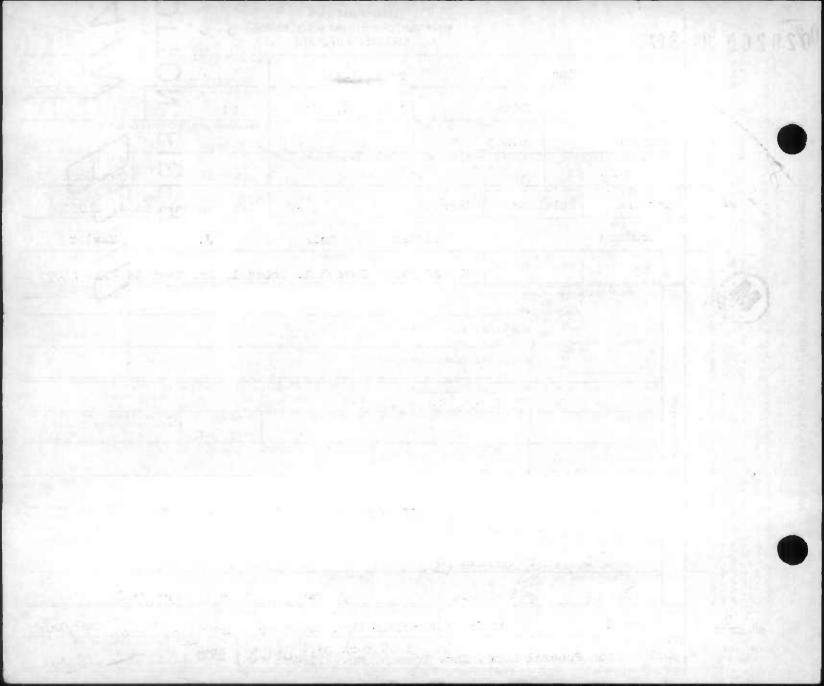
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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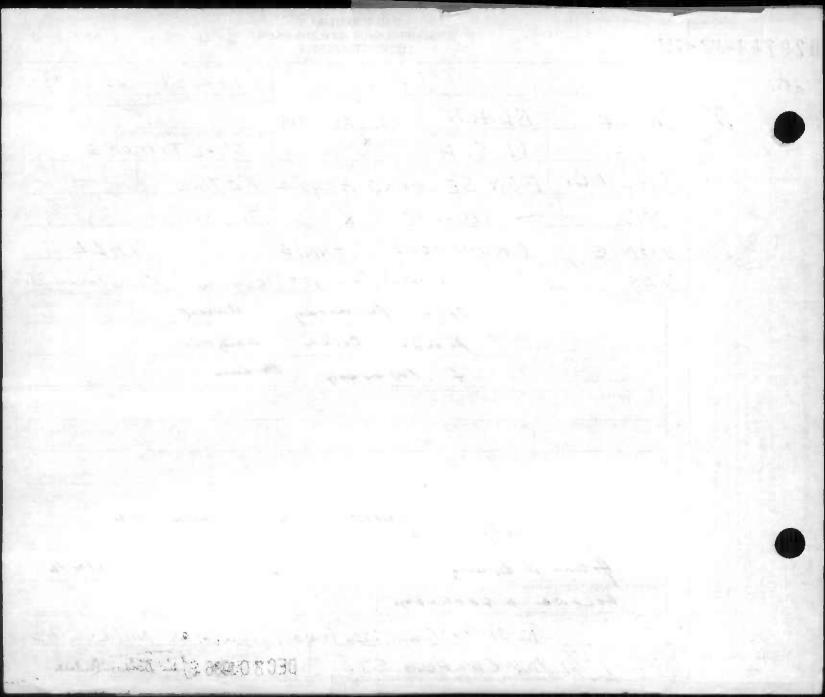
10	PREGISTRAR				CEKIII	ICAIE OF DEATH	REG. N	0.		
	DECEASED NAME	FIRST		MIDDLE		LAST			DAY YEAR	2b. HOUR
(1)	YPE OR PRINT)	Nina	N	•	Dres	ssel.	December		1986	3:20 A _M
3 5	SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE		WONTHS DAYS	IF UNDER 24 HRS
	Female		White		Apri	9^{A} 190^{C}	84	YRS.		1
10.	BIRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	
"L	Maryland		U.S.A	_	WIDOWE	DIVORCED	Raltimore,		Chal	MD.
5	Baltimore		Maryla	nd Genera	1 Hos	pital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake)	OF WORKING LIFE		of Business or
M	UAL RESIDENCE (IF NUR STATE aryland	Balt	OTHER INSTITUTION	Timonium	admission) N	13d Inside City Limits?	13e STREET ADDRESS 108 Longo	/ ZIP CODE lale Ro	oad, 21	.093
14	FATHER'S NAME Bradley		MIDDLE	Leis	ter	Is MOTHER'S MAIDEN NAM	MIDDLE		Tay	lor
140	WAS DECEASED EVE	DINITIS AD	MED EODOES?	16b SOCIAL SECU		17 INFORMANT	ADDR	FSS	Luy.	
	(YES. NO OR UNKNOWN)		E WAR OR DATES)	219-20-		Joseph A. Dr			As #130	21093
H	In anni arasi					Joseph III DE	CDDCI, OI.	Dane 2		MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEA	VAS CAUSE	D BY:	Sepsi					BETWEEN	ONSET AND DEATH
1		IMMEDIAT	E CAUSE (o)	26h2 i	2					
	The same of the sa		DUE TO, O	r as a conseque	NCE OF					
	Conditions, if ony		(b)_							
	couse (o), state	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF					
	underlying cous	e lost.	(c)							
z						NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
18	Rena In DATE OF OPERA			nce, Hype		em1a on was performed	78a AUTOPSY?	Tank is vec	, WERE FINDIN	ACE LISES
CERTIFICATION	THE DATE OF OPER	(TON	198 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	YES NO	IN CERTIF	YING CAUSES	
	CO COLUMNICO	_	110110 1	F INJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 P	ART I OR PART 2)	
N N	(IF EITHER NOTIFY MED			M	19					
MEDICAL	21d INJURY OCCUP		21e. PLACE	OF INJURY REET FACTORY, OFFICE, FA	APAA ETC)	211 LOCATION STREET	CITY OF TO	OWN	COUNTY	STATE
2	AT WORK AT WE	JRK								
	22a.1 certify that a	(this hospi	tol) rettended th	e deceased from	ecemb	er 22 19 80	, 10			that (X (we) lost
	sow the deceo	sed olive on	view the body	etter dedth	, 0	nd that in (m) (our) opinion o	death occurred on the d	ote and hour	r and from the	couses stoted
	225 SIGNATURE		t) Wew me body	Offer degits.		DEGREE			22c DATE	SIGNED
	00	2/12	Bac	a 100		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [
1	22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)	412.		22e. ADDRESS	,			
	DELE	Fi &	RETE	NAL		c/o Marylar	nd General	Hospi	tal	
230	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	"FBurial		12-31-	-86 Mo	relan	d Mem. Cemeter	cy Parkvil	10 P-	1+0 M	aryland
24	FUNERAL DIRECTOR		1					25b. REGIST		-
F	Ruck Towson	Funer	al Home	Inc. To	TUSU	York Rd. 21204DE	C 3 1 1986	1 .	Divideon:	
				,	- 44 - 011	, 110 - 21242	-	June	margery.	fandally

DHMH - 16 60M 7/84 (VRA 15, 4)

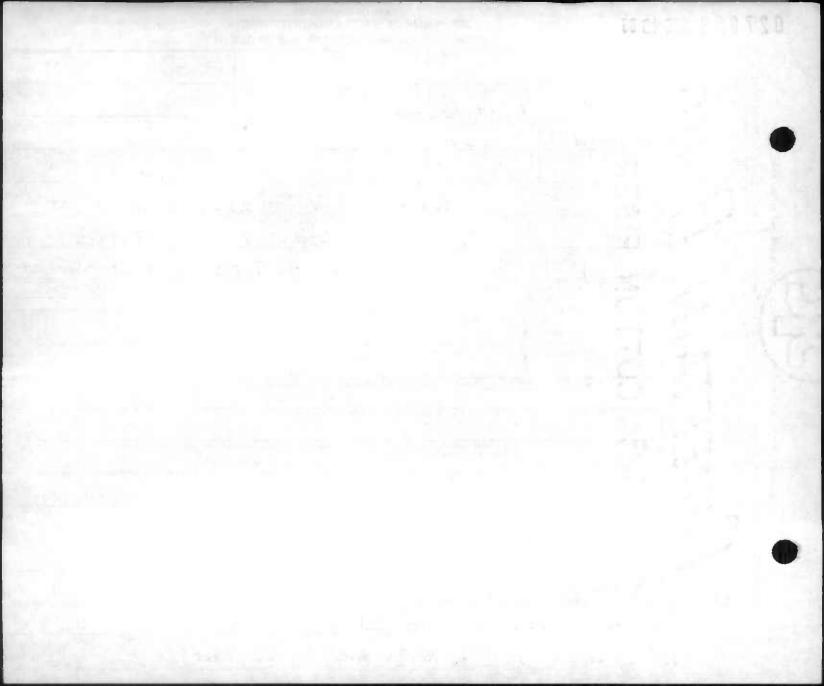
IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic ev



		-14-41 175	,	STATE OF MARYLAND		
2 4 1 IAM -	518	FOR 1-5-57 F1.1	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 0	5 4 3 4 0
Z 4 1 OWN	0	REGISTRAR TOPTONOLU	6		REG. NO.	
122		CEASED NAME FIRST	MIDDLE	£AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR -
0.0		Clabor		rumgoole	12-26-	86 2 P
80	3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Service of the servic		MALE	BLACK	12 25 1918	YRS	
172 %		IRTHPLACE (STATE OR FOREIGN TO.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	MORE CityMI
11-14	10 C	TY OR TOWN OF DEATH	LENOT IN SUCH FACILITY, GIVE STREET A	CHOME OR OTHER INSTITUTION CORESS) VILLES /+OSDITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	IZB. KIND OF BUSINESS OR INDUSTRY
5 9 3	USU	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE	DMISSION)		21217
15		TATE D. 136 COUNTY	136. CITY OR TOWN	O · YES X NO [13e STREET ADDRESS / ZIP COD	nan St.
	I C E	ATHER'S NAME		15 MOTHER'S MAIDEN NA	WE	II I LAST I
VEL		MANIE	DRUNGOOD		ADDRESS	HALL
- C	160	VAS DECEASED EVER IN U.S. ARME VES NO OR UNKNOWN) (IF YES, GIVE W		- /7	57/	6 - 0
2 9		YES II	230-12-	LIZO ATGINES	JRUM GOLLE F	RESS [MIMMI]
175		18 CAUSE OF DEATH (Enter only o			0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED B	1-11-11	o ful an van	anes	
orbo orbo		Dec 120, 175, 175	DUE TO, OR AS A CONSEQUED	ACE OF		
ion,		Canditians, if any, which	(b) No ma		angraga	
T T		gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQUEN	IGE OF	Bi Runs	
5 €		underlying cause last	Due to, or as a consequen	my we many	31 Kung	
burio ory, or	7	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DI	ATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART To
T 0 X	CERTIFICATION		I w so in the second	DED ATION AND DEBTOR AND	Las AUXORSYS Last 15 VE	S. WERE ENDINGS VEED
1000	Ş	19a. DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
5447	Ē					ES NO
0 T 8		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	10. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
te ab	S	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
2 5	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
rked	5	WHILE NOT WHILE	THE THEE, THE TONS, OF THE, THE			
TI OFF		22a.1 certify that (I) (this haspital)	attended the deceased from	12/13 19 12		19, that (I) (we) las
of He		saw the deceased alive an	12/2/	and that in (my) (aur) apinian	death accurred an the date and ha	ur and fram the causes stated
hed f		abave, (1) (we) (did) (did nat) v	iew the bady after death.	DEGREE		22c. DATE SIGNED
T H	100	Holena	a before	ATTENDING	MEDICAL STAFF	12/2c/h
TANT		22d. PHYSICIAN'S NAME (TYPE OR PR	1-0		DIRECTOR PHYSICIAN	121-11
should be de with the Stot		PILE N &		27e ADDRESS		
S A A A	725			AME OF CEMETERY OR CREMATORY	123d. LOCATION	
	1.6	LINECISM SECULATION, REMOVAL	12-31-86 6	Agen	MCITY OR TOWN	ARITICA NAME OF
	24.5	INIERAL DIRECTOR	12 21 00 61	ARRISON FORES	TE DEC'TO BY DECISTDADION DECIS	TRADE SICHLATION
16 60M 7/84	24	UNERAL DIRECTOR	POST / LA CADDRESS			CARS SIGNATURE
A 15, 4)	16	12/2 / 1/H. /	348 CALHOU	N ST. DE	U3 U 1986 Jilu	Ucadorn-Kandalla



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027653	147	STATE			HEALTH AND MI		D-1.0	3 4	0 4	1
	1. D	REGISTRAR CEASED NAME FIRST		MIDDLE	LAST	TATE OF DEA	20. DATE KNOWN		DAY YEAR	2b. HOUR
ш		Pamel	2	F.	Dubose	100	OF ESTI- DEATH MATED		9 1986	28. 1100K
EASI TOR TOR TILES	3. SE		5. DATE OF BIRTH	I AGE (IN		IF UNDER 24 HRS.	2c. DATE		DAY YEAR	2d HOUR
PIREC OUR F		FB	MONTH DAY	LAST BIRTH			PRONOUNCED DEAD	12-1		12:52 a. M
IS NECESSARY, PLEASE FUNREAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W, PRESTON STREET,	P. P.	IRTHPLACE (STATE OR DREIGN COUNTRY) MACYIANA	76. CITIZEN OF WHA	A COUNTRY?	MARRIED NET	VER MARRIED DIVORCED	Baltimore		OF DEATH	MD.
PAGE 5 P	10. C	ITY OR TOWN OF DEATH	T1. NAME OF HOSPI (IF NOT IN SUCH FACI	ITY, GIVE STREET ADDRESS		FORA	JAL OCCUPATION (TWOST OF WORKING LIFE)	TYPE OF WORK 12h	OR INDUSTR	SINESS
AL WAS		Baltimore AL RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE	Ellamont S		1 47	O SIMPIOY	(64)	31317	-
SELECTION OF SELEC	2	MD. ISP CON	TY	BAITO		NO 0 2	223 El	Amon	+ 5+	-0
	14. F	ATHER'S NAME SAMES	MIDDLE	Jubose.	15 MOTHE	er's maiden name lest ocothy	WIDDIE	Tit	LAST	
O ASSESSION	160	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECUR	ITY NO. 17. INFORA		ADDRE	SS	<u> </u>	
ST., BATTIMORE DURS AFTER DE 18 GIVE PACEE 3 WITH FORM ATT. PACEE		NO	WAR OR DATES)	216-84-	0835 Dora	othy Tit	us 101	7 Sta	icker	# te
201 W. PRESTON ST., UTED WITHIN 24 HOUF IN PENCIL IN ITEM 18. EXAMINER ALONG W EXAMINER ALONG W SANTAL HYGIERMIT. ON, OR REMOVAL.		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE) IMMEDIAT Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS	DBY: E CAUSE (a) DUE TO, OR A (b) DUE TO, OR A	angulations a consequence s a consequence	: OF	N GIVEN IN PART Lia			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
RECORDS, ILD BE EXECT PENDING": MEDICAL ID AS A BUR HEALTH ANI L, CREMATIG	NO NO									
VITAL RE SHOULD ORD "PE CHIEF A E USED A TOF HEA	CERTIFICATION	190. DATE OF OPERATION			RATION WAS PERFOR	MED?			20 AUTOPSY?	NO []
CERTIFICATE SHOULD BE USE TO THE CHIEF EASTWAND THE CHIEF EASTWAND BE USE TO THE CHIEF TO THE CHIEF TO BE USE TO PRIGR TO BURIANT OF PRIGR TO BURIANT OF THE CHIEF TO BURIANT		210 EXTERNAL CAUSE WAS UNDERLYING XXX OR CONTRIBUTING CAUSE OF D	P.M.	NJURY(est.) MONTH DAY YEA 12-9 198	6 subject	occurred lentern	NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
DIVISI THIS CERT WARDED PAGE 3 SI TATE DEP.	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF STREET, FACTOR	RY, FARM, ETC.)	211 LOCATION STREET 2223 N.]	Ellamont S	St., Apt.	Tl,Balt		STATE
L EXAMINER: E CERTIFICATE DUID BE FOR H, WITH THE S		220. I certify that I took charge death resulted from Nistur ACTUAL SIGNATURE	al courses D	d abave, held an	Autopsy XX, Homic AND ASSI	DECIFY)	Inquiry, ermined manner	and in my apinion DATE SIGNED	12-10-	86
O MEDICA XECUTE TH AGE 4 SH O FUNERA NTER DEAT	4	(TIPE OR PRIMI)	nis F. Smyt		ADDRESS_		St., Balto	o., Md.	21201	
07/84 BP	-		12-15-86	23c NAME OF C	210N	City	CATION ORTOWN TO	COUNTY	MZ STA	(IE
25M DHMH - 17 (VR A15 ME (5))	24 1	IM. C. Brown	1206	W. NOTT	Ave	BEC 1	7 1986 Aut	GISTRAR'S SIGI	JA .	



1	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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ALIEN	A LIENDING PHINGS THE LOW requires from the dearn centre of the control of the co	-
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ed for use	ed for use as the burial-transit permit. Then please remove carbon hap the comments should be filed withing R haurs after death	
of Hen	the Health and Montal Hydrene prior to buring premotion as a management of the state of the stat	

STATE OF MARYLAND Item # 5. Film G 622- 12/17/86 ra DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1 DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ROSAMOND DUGGAN 1986 M. December 2. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR 3 SEX MONTH Female Whi te Anril 1986 To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED DIVORCED Q CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 3110 Weaver Avenue Homemaker Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1136. COLINITY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore 3110 Weaver Avenue 21214 YES TO NO Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Erline ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Francis Duggan 962 Point Pleasant Rd. 18 CAUSE OF DEATH Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause **MIGNIFICANT CONDITIONS** JTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II a **IFICATION** 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDICA 21d IN JURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION marked ar COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED TO FUNERAL DIRE should be detached with the State Dept If He ATTENDING MEDICAL STAFF 12/3/86 PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 2926 E. Cold Spring Lane Gracito Patricio, M.D. 23a BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23b. DATE Baltimore 12/5/86

DHMH - 16 60M 7/84

Leonard J. Ruck, Inc. 5305 Harrord Road 21214 (VRA 15, 4)

Buri al

24 FUNERAL DIRECTOR

Holy Redeemer Cem.

25a. DATE REC'D. BY REGISTRAR 25b. REGIS

Martland

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m 5		CEASED NAME FIRST	,	WIDOFE	0	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	ŧ
noy be page 3	E1:	izabeth (3954	(9)	R.	Dur	1Kle	12/	10/86 4:55	P
3 po	3. SE	X	4. RACE	1 /	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	4 HRS
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Po di		RTHPLACE (STATE OR FOREIGN	76. CITIZEN	OF WHAT COU	INTRY? 8 MARRI	ED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
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	14 5 /	ATHER'S NAME	city	Balt	timere City	YES NO I	3502 Hicke	ry Ave al	2/
	14. FA	Joseph	Dunk	10	AST	Floren		LAST	
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be m ian					01236	7 4111102131	ty of Marylance	1 APPROXIMATE INTERN	/A1
icote icote hysica paper ovol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS		4.4	11 0 11.		1	BETWEEN ONSET AND D	PEATH
on poor		IMMEDI	ATE CAUSE (d	(and	10 p um	onary arres	L		
VISION OF VITAL RECORDS, 201 W. PRESION ST PHYSICIAN: The low requires that the death certicated physician. Per this certificate has been signed by the attending ps the buriol-transit permit. Then please remove carbon and Mental Hygiene prior to buriol, cremation, or renived or them 18 shows any injury, or other traumatic evident traumatic evident.			DUE TO		NSEQUENCE OF	m. 1. 1	1.1.		
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tho d by leosi id, or or			((c	_ Coror	1	ery Visouse			
quires squires signe then plant, a bur niury, a	z		. 7		NG TO DEATH BU	NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION (GIVEN IN PART 10	
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n. he be as bee coermit.	FICA	198 DATE OF OPERATION	196 CC	DNUITION FOR	WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b. IF 1	TIFYING CAUSES OF DEATH	1?
TAL R	RT	17/1/86		ME OF INJURY	ry Visense	JUPINON MISCIEDY	SYES NOD	YES NO	
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PHY Trendii Tr this The bu	WED	21d INJURY OCCURRED		ACE OF INJURY	OFFICE, FARM, ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY	ATE
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N A See I Se		22a.1 certify that (1) (this has		d the deceased		15/8 b 19 8b		. 19_8 that (I) (w	
Spirto CTO I for af h		saw the deceased alive of obove, (I) (we) (did) (did	not) view the	ody alter death	1986_,	and that in (my) (aur) opinion o	leath occurred an the dote and h	our and from the couses sta	ted
OR ho		22b. SIGNATURE	11	m	h	DEGREE	MEDICAL STAFF	220 DATE SIGNED	2
Y th Y th SAL dero cate		////70	Kenth	49 11/2	2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/10/8	6
HOSPIII pined by FUNER ould be		THE PHYSICIAN'S NAME (AM	COEPHINE	/	-	22e ADDRESS	1 40 / 1	11	
TO HOSPITAL retained by th TO FUNERAL should be det with the State IMPORTANT:		M. Rota	renbe	ra		Universityo	1 Mary and	Hospital	
5 1 2 3 4 4	23a E	BURIAL, CREMATION, REMOVA	I Jan DAU			CEMETERY OR CREMATORY	23d. LOCATION	ST ST	ATE
BP		Burial	12/	13/86	Cathed	ral Cemetery	Baltimore,	Maryland	

Burgee-Henss Funeral Home, Baltimore, Md. 21211

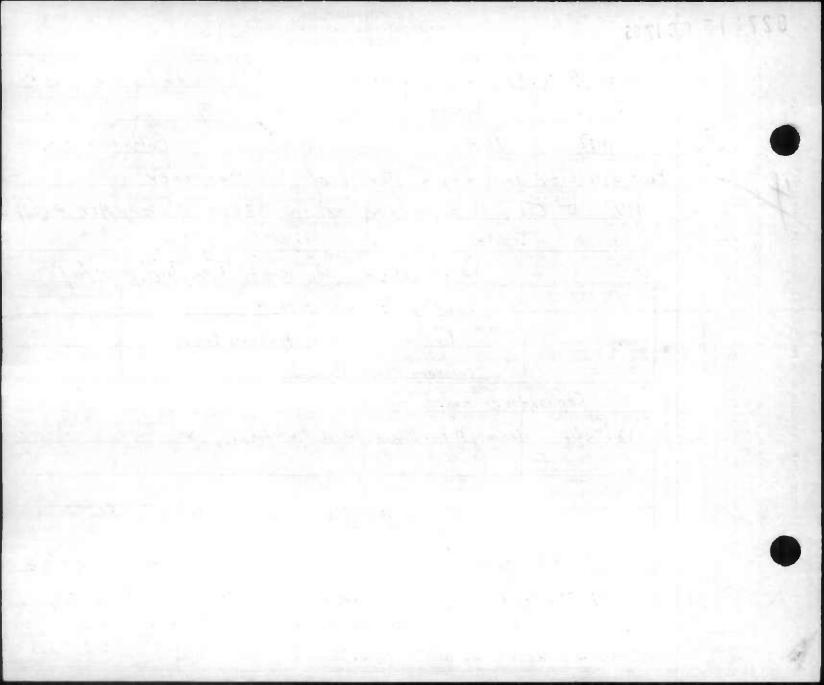
24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DE 16 1986 Julia Devidor Rendale



.	FOR -RSTATE
U	-65 ATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.				
1. DECEASED NAME FIRST (TYPE OR PRINT)	UTRUE	A.		UNCAN	26. DATE OF DEATH	MONTH DAY	YEAR S	26. HOUR 3 5		
3. SEX Female	4 RACE Whit	e	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF L	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF V	what country? A	MARRIE WIDOWE	D NEVER MARRIED DIORCED	9. BALTIMORE CITY O	R COUNTY OF	CIT	y ME		
BACTIMORE CIT	GIF NOT IN SUC	LIBER	ADDRESS)	DROTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY TELEPHO	F WORKING LIFE)	INDUSTRY	of BUSINESS OR ulf Oil		
USUAL RESIDENCE (IF NURSING HOME 13a. STATE 13b. CO Maryland	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE 13a CITY OR TOW Baltimor	N	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 3939 Rola	zip code ind Aver	nue :	21211		
14 FATHER'S NAME FIRST Charles	MIDDLE	Duncan,		15. MOTHER'S MAIDEN NAM FIRST Lottie	Elizab			ster		
160 WAS DECEASED EVER IN U.S. (1955 NO OR UNKNOWN) [IF YES.	ARMED FORCES? GIVE WAR OR DATES)	213-01-3		Charlotte Sc	merville Fa	05 Foll	kstone, Md.	e Drive 21047		
Conditions, if ony, which gave rise to immediate couse tol, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART II	a.		
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH	OPERATIO	n was performed	20a AUTOPSY? YES NO	20b IF YES, W IN CERTIFYIN YES [G CAUSES			
OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM IS PART	OR PART 2)			
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET						CITY OR TOWN COUNTY STATE			
22a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	on_12-	3 19		nd that in (my) (our) apinion o	deoth occurred on the do	ite and hour or	nd from the			
22b. SIGNATURE Sher A	1 Ha	shuni	/	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		12. DATE	SIGNED		
SHER AF	2 AL H	ASHMI		2600 LI	BERTY (MEDIC	90)	HETCHTS		

CHTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE Cremation 12/6/86 23c NAME OF CEMETERY OR CREMATORY Green Mount Cemetery 23d LOCATION
CITY OR TOWN
Baltimore

Maryland

24. FUNERAL DIRECTOR

21211 A. Alan Seitz, Jr. 3818 Roland Ave

DEC 5

25 REGISTRAR'S SIGNAPIRE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC 1 2 1986

BENJAMIN RICHARD DURANT 3. SEX 4. RACE JACK 70. BIRTHPLACE (STATE OF FOREIGN COUNTRY) NEW YORK CITY NY U. S. A. WIDOWED DIVORCED DIV	YEAR IF UNDER 24 H DAY'S HOURS M H OFFRESSIONS RY COLLECTE, Md. 2
3. SEX 1. RACE 1. RACE 1. RACE 1. RACE 1. RACE 1. DATE OF BIRTH 1. MONTH 1. DAY 1. PEAR 1. DAY 1. BIRTHPLACE 1. STATE OF FOREIGN 1. CITIZEN OF WHAT COUNTRY? 1. MARRIED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS) 1. SEX 1. RACE 1. RACK 1. RACE 1. RACK 1. RA	HOURS M
ALE SLACK MONTH DAYS TEAR TOWN TOWN OF DEATH T	HOURS M
ALE STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARR	H COLLEGE, Md. 2
NEW YORK CITY NY U. S. A. WIDOWED DIVORCED II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF HOT IN SUCH FACILITY, GRE SIREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TIBLE COMM.)	M. COLLEG
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11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIRRET ADDRESS) JUSTICAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) (IF NOT IN SUCH FACILITY, GIVE SIRRET ADDRESS) JUSTICAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) (IF NOT IN SUCH FACILITY, GIVE SIRRET ADDRESS) MUSICAN -TEACHER COMM. JUSTICAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) (IF NOT IN SUCH FACILITY, GIVE SIRRET ADDRESS) MUSICAN -TEACHER COMM. JUSTICAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) (IT PORT OF TOWN) BALTIMORE 13d. IN SIDE CITY LIMITS? 6225 YORK Rd. Apt. N-12	M. COLLECTE, Md. 2
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MARYLAND BALTIMORE YES NO 6225 York Rd. Apt. N-12	-120
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CIMICOD A. Solution	CHAPMAN
WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INTESMANT PHILADELPHIA, PA.	191
Yes WW II 081-32-6737 FRANZETTA W. DURANT 5857 COBBS CRE	CREEK PK
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Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
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DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather train

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SECOND SECTION OF THE PROPERTY	U
TOTON OF VIEW RECORDS, 201 W. PRESION ST., DALIMONE, MARIEMAN STACK	4
	1
3 PHYSICIAN: The law requires that the deoth certifical partition of this 24 hours of Adams. Plage 4 may be	9
Herioting priyation.	1
in this certificate has been signed by the breakding physical party and 2 mail be filed within 2 main after death.	6

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	O REG. I	3	يد	J	S	e o
EOE	DEATH	MONTH	DAY	YEAR	26 HOLLR	

	23 8	FOR STATE BEGISTRAR		DEPARTMENT OF H	EALTH AND MEN		NE 8 0	3	40	3 4
		CEASED NAME FIRST	MIDDLE	(AST	1		AONTH DAY	YEAR	26 HOUR
	[TYPE	OR PRINT!	4 Anna	DI	URIHAM	1	1	12 19	986	410
	3 SEX		4. RACE	5. DATE C	OF BIRTH	6	AGE IN YEARS LAST BIRTH		JNDER TYEAR	IF UNDER 24 HRS
		Female	White	MONTH	DAY 5	YEAR	79		THS DAYS	HOURS MIN.
2	a, BIF	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8		- 9	BALTIMORE CITY OF	YRS.	DEATH	
4	Ra	altimore, MD	1 115	MARRIE	D NEVER MAR	RIED 🗀	BACTIMO		ITY	440
4		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWE		RCED	20 USUAL OCCUPATIO	N N	12b. KIND O	F BUSINESS OR
10	P	BALTIMORE	SOUTH B	ACTIMOR	LE GENT	ERAL	Housewife	WORKING LIFE)	Own h	ome
1	13a. S			OR TOWN .	1 13d. INSIDE CITY	LIMITS?	3e.STREET ADDRESS /	ZIP CODE		
2	MA	RYLAND AA	GIE	N BURNIE			205 OAK	LANE	· Nu	21061
2/	FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MA		MIDDLE		LAS	
1	/	GEORGE	KC	HRS		BLE			BYE	RS
2		VAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17 INFORMANT		ADDRES	S Glen	Burni	e, MD
4	IA	(ES, NO OR UNKNOWN) [IF YES, GIV	EWAR OR DATES) 210	123292	Elizab	eth Ba	11man, 7849	Ameri	cana	Circle,
		18. CAUSE OF DEATH (Enter on	ly one couse per line for it	a), (b), and (c),)					APPROXI	MATE INTERVAL
		PART I. DEATH WAS CAUSE	DBY:		K 5	HOCK				
		IMMEDIA	E CAUSE (0)							
		Condition of the last	DUE TO, OR AS A CO	ONSEQUENCE OF	NESPIOR	MI				
		Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF INFERIOR MI (b) MASSIVE INFERIOR MI								
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	DNSEQUENCE OF	0-4	0				
			(c)	7						
	CERTIFICATION	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR COND	IIION GIVEN	IN PART TO	
1	CAT	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?	206. IF YES, W		
4	TIE						YES NO	YES [_	NO 🗌
5	GR	210. ACCIDENT WAS UNDERLYING	110110 4 44 440	NTH DAY YEAR	21c HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUR	IN ITEM IB PART	I OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DEA	AIN .	19						
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJUR		211 LOCATION		CITY OF TOY	/N	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTO	RY, OFFICE, FARM ETC)	SIREET		(11,04,10)			
		22a. I certify that (I) (this haspi	tal) attended the decease	ed from 121	12	19 86	10 12/10	19.	86	that (I) (we) last
		sow the deceased alive on above, (I) (we) (did) (did no			nd that in (my) (au	r) opinion de	oth occurred on the do	te and hour or	nd from the	couses stated
		27b. SIGNATURE	t) view the body offer dea	oth.	DEGREE			,	22c DATE	
	1	Dotocea 5	5 Stendon	ran 1		NDING	MEDICAL STAF		12-	A-86
-		77d PHYSICIAN'S NAME LITYPE OF	DR PRINT)		22e ADDRESS	SICIAN [DIRECTOR PHYSICI	ANLY	1100	., 0,2
			MAMGA		3001	S	1 11.0.00	11-0	ST	21230
_				- I -	1001	DOUTI		VER	31	21230
	230 B	BURIAL, CREMATION, REMOVAL			ven Mem.		GTen Burn	nio c	AA	MD
		Burial	Dec. 22,86	Julen na	ven ment.					
	74 FL	JNERAL DIRECTOR	1au Clam D.	ADDRES6 BAD		ZSa. DATE	REC'D. BY REGISTRAR	M	R'S SIGNAT	URE
		Jämes S. Kirk	rey, Gren Bl	irnie, MD		PEL	7 五清 (元9年)	State of	and in	Milian.

DHMH - 16 50M 4/83 (VRA 15, 4)

Del Sanger SeriesAin and the second

020020	1-	FOR F.H. CM STATE REGISTRAR	
026573 DEC	1. DEC	PASED NAME FIRST ALICE	[
Poge 4 moy b	3. SE)	Female	4. RAC
177 Page 1	(RTHPLACE (STATE OR FOREIGN COUNTRY) Vew York	7b. ⊂IT
.8	BA:	TY OR TOWN OF DEATH LTIMORE	11. N
LAND 212 hin 24 hour by filled in should be I		AL RESIDENCE (IF NURSING HOME OF STATE)	R OTHER II
GORE, MARYLAND 21201 executed within 24 hours and completely filled in a more load 2 should be 11.		THER'S NAME FIRST arvey	MIDDLE
IMORE,	(1	VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death-certificate be executed within 24 hours to include by the hospital or attending physician of the property of the physician not be entired by the control of the physician not be entired by the child of the physician not be detacted for use as the buriol-transfer permit the photo of the photo o	MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (ol), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	D CONDI

DHMH - 16 60M 7/84 (VRA 15, 4)

	Itei	m: 16b	G-622	12/18	/86 STAT	E OF MARYLAND		" IS december		
1.	FOR F . H STATE REGISTRAR	. cm		DEPA			B QEG. N	0. 3 4	1 3	5 3
I. PE	CEASED NAME	FIRST					20 DATE OF DEATH	MONTH DAY		P
		ALICE		DOROTHY DURKEE DECEMBER 7, 1986 7:40 M ACTION OF BRITH APPLIES OF BRITH A						
3. SE	x Female		4. RACE Whi	te	MONTE	H DAY YEAR		MON		
	IRTHPLACE (STATE COUNTRY) New York		76. CITIZEN OF		MARRIE		_			MD.
W	ITY OR TOWN OF LTIMORE		JUHNS	HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTION SPITAL	(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	NDUSTRY	
13a. S	MD	NURSING HOME O		13L CITY OR T	OWN	YES 🔀 NO 🗌	4300 N.	/ ZIP CODE Charles	St.,	21218
	arvey		MIDDLE			FIRST		K	och LAST	
- (WAS DECEASED E YES, NO OR UNKNOW! NO		RMED FORCES? VE WAR OR DATES)					_		
CERTIFICATION	Conditions, if gove rise to couse (a), underlying of PART 2. OTHER CONTROL 19a. DATE OF OR	ony, which immediate stating the couse lost. SIGNIFICANT	DUE TO, O DUE TO, O CONDITIONS CO 216. TIME CO	R AS A CONSE R AS A CONSE PARTITION FOR WE	OUENCE OF OUENCE OF TO DEATH BUT CAN AND AND AND AND AND AND AND AND AND A	NOT RELATED TO THE TERM NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	IN PART TO	Lays year Sections Sections
MEDICAL	21d. INJURY OC WHILE AT WORK 22a. I certify the sow the de	OT WHILE AT WORK OF COOSE OF ONLY	21e PLACE (AT HOME, ST	M. OF INJURY REEL FACTORY OFF e deceosed from 7	19 FICE, FARM ETC.)	enout 7 19 86	to 7 Dec	cember 19	86 th	ot (I) (we) lost
	obove, (I) (v 22b. SIGNATURI 22d. PHYSICIAN	We) (did) (did n	ot) view the body The body OR PRINT) OR PRINT)	ell itche	-11	DEGREE ATTENDING PHYSICIAN [220. ADDRESS JOHNS	MEDICAL STA	FF _		
	BURIAL, CREMAT ISPECIFY) ntombm						Balto.	•	MD YTHU	STATE
	UNERAL DIRECTO							25) REGISTRAR	S SIGNATUR	RE

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Naw York

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Formy A. Lawins a con Co. One Formy A. Lawins A. One Ports A. One Ports A. C. Marie B. Marie

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

0273

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR - STATE REGISTRAR		HEALTH AND MENTAL HYG	REG, NO.	4 0 3 4
	V DE	CEASED NAME FIRST	WIDDLE	LAST		AY YEAR 26 HOUR
	¶ 7 € PE	Melvin	ME	10.	.0 15	-03
	3. SE			RICY		3 86 /- AM
	3. SE	Male	Black "S	OF BIRTH - 28 - 35		FUNDER LYEAR IF UNDER 24 HRS
N			CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY OR COUNTY	OF DEATH
4	A.J.	osth Caralina		IED NEVER MARRIED VED DIVORCED	D. W.	1:1.
-	10. C		NAME OF HOSPITAL, NURSING HOME		120 USUAL OCCUPATION	12b. KAND OF BUSINESS OR
1	13	4 M more SiTU	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	()	(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
0	130 3	AL RESIDENCE IF NURSING HOME OR OTH STATE 13b COUNTY	GER INSTITUTION GIVE RESIDENCE BEFORE ALMISSION 131 CITY OR/TOWN ALL TURNOUS	13d INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 5220 Willen	Hosto ere ZIZI
	-	ATHER'S NAME	10.00, 1.00	15 MOTHER'S MAIDEN NA		
		Willie MIDG	S. Carley	Carrie	MIDDLE	erreit
1		WAS DECEASED EVER IN U.S. ARMED		17 INFORMANT	ADDRESS	
1			219-30-9748	Chait		
		18 CAUSE OF DEATH (Enter only a PART I. DEATH WAS CAUSED B' IMMEDIATE C	Y: ()	ARMEST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	44/ 4pTicemic		5 days
		gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			3 days
	NOI	PART 2 OTHER SIGNIFICANT CON	nditions <u>contributing to death</u> bu	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART I I a
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M., MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURR	RED (ENTER MATURE OF INJURY IM ITEM 18 PAI	RT 1 OR PART 2}
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STAFE
		22a.1 certify that (1) (this haspital) saw the deceased alive on abave, (1) (we) (did) (did nat) vie	attended the deceosed fram 1966	and that in (my) (aur) apinion of	ta December 3. 1-	1101 (11 (110)1031
		226 SIGNATUR MUTH	Kely 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	13/15/86
		22d. PHYSICIAN'S NAME (1) PE OR PRI	Roby	Sing; A	tospital	
	. (Durial	12/18/06 23c NAME OF		236 LOCATION BUY OR TOWN	county Md STATE
	24 FL	JNERAL DIRECTOR Phulips	1721-27N.MC	mai ST. DEC	REC'D. BY REGISTRAR 256 REGISTR 1 6 1986	AR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR STATE

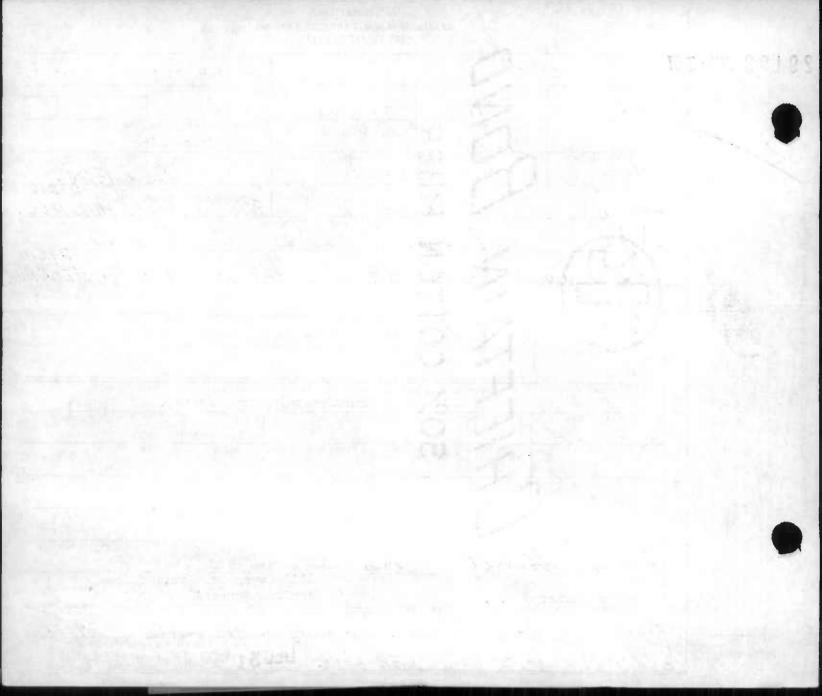
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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V	

		REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO	o	
20103 IMM -		CEASED NAME FIRST	MIDDLE	LAS	51	20 DATE OF DEATH		2b. HOUR
LO LO ON EURIN	01	Eddie		EBI	RON	December 2	?1, 1986	9:30 A
ather o	10	male	RACE COL	5. DATE OF	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAY	
1 12 06	îa B		b. CITIZEN OF WHAT COUNT	RY? 8	-	9 BALTIMORE CITY O	R COUNTY OF DEATH	
2 11		COUNTRY)	U.S.A.	WIDOWED	NEVER MARRIED	Baltimor	e City	MD.
		Baltimore	NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST Maryland Ger			12a USUAL OCCUPATION OF WORK FOR MOST O		OF BUSINESS OR
AND 212 in 24 hours housed an housed be t	1/2	AL RESIDENCE IN MINISHO HOME ONE STATE		limore	YES WO	3708W	Forest A	DIZIG
WAR IN THE COLO)	ATHERS NAME	Ebe	on	15 MOTHER'S MAIDEN NA	MEDIA	Ebeon	7
MORE Popes		WAS DECEASED EVER IN U.S. ARM	TE 243 TE	3 3030	nrs terrely	A Ebeow 3	3708 W. For	estinka
BAKE opens opens to the		CAUSE OF DEATH Enter only					APPRI BET MEE	DRIAMATE PRITERYAL IN CHOICE AME DEATH
2		IMMEDIATE	RESULL	catory i	nsufficiency			
8 1000		DOM: NO THE REAL PROPERTY.	DUE TO, OR AS A CONSE	OUENCE OF		17. 7		
9 6 6 6		Canditians, if any, which gave rise to immediate	(Squamot	is cerr o	carcinoma of	the lung		
W 1 1100		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF				
201 priest		PART 2. OTHER SIGNIFICANT CO	(c)	TO DE ATH BUT A	IOT BELATED TO THE TERM	UNIAL DISCLASE OD CONT	DITION CIVEN IN DADI	14
DS.	20	PART 2. OTHER SIGNIFICANT CO			tructive pulm			110
t RECO	THICATE	196 DATE OF OPERATION	196 CONDITION FOR WH		-	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES []	
4 1118	3	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c. HOW INJURY OCCUR			
A 1411	1	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR				
ISSON Trenders The bar and an	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFF		21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE
A 4041		22a I certify that XI) (this haspita	all attended the deceased for	Dece	mber 16 86	Decembe	r 21 10 86	2, that K (we) last
2 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		saw the deceased alive an abavex () (we) (did) (decay)	December 21		that in (m) (aur) apınian			he causes stated
20 1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0		22k SIGNATURE	201	DI	ATTENDING	MEDICAL STAF	FF	TE SIGNED
4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e. ADDRESS 1717			
D HOS BENEFIT OF THE SECOND SE		Mayer Gorbat	y, M.D.			nd General		•
ME DATE	73a.	URIAL, CREMATION, PEMOVAL	23b DATE	23c, NAME OF CE	METERY OR CREMATORY	23d LOGATION	/ COUNTY	STATE
BP		BURIAL	19-28-86	REENW	owkurch (e.	no Offer	Ville	N.C.
DHMH - 16 60M 7/84 (VRA 15 4)	24 6	UNERAL DIRECTOR	CE 2222 ADDRE	ss worth	A10 250, DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN.	ATURE
1 V KA 13, 41	- B	1 2 10 11 1 1 1 10 4 4 4	2 -1 -1 -1 -1 -1 -1		A		Charles I can d	4.7 - 7 - 6

DHMH - 16 60M 7/84 (VRA 15, 4)



	STATE OF MARYLAND							
****	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	6	3	4	8.75	.3	(
NRODE	CERTIFICATE OF DEATH		REG NO	400				

F	REGISTRAR A	NNA E.	ECKENROL	Œ	CEKIII	FICALE OF DEATH	REG. N	10.		
EDEGE	SED NAME	FIRST		MIDDIE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
STANE CO	RINT	ANNA	E	EC	KENRO	DDE		12 1	7 1986	11PM
1 SEX			4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
2000	Famala.		White		MONTI	H DAY YEAR	90		MONTHS DAYS	HOURS MIN.
are not	Female (STATE			WHAT COUNTRY?	Sept	ember 12,1896	9 BALTIMORE CITY	YRS	OF DEATH	
Z	INTRY)				MARRIE	D NEVER MARRIED				
1	Maryla	3	U.S.		WIDOW		Baltimo			MD
DR CITY	PORTOWN OF Baltim		HE NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A NES HOSPIT	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATIVE OF WORK FOR MOST		E) INDUSTRY	me
Ma	ryland	- USH COU		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Baltimore	1	13d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS 7103 Loui			21207
FATE	HER'S NAME FIRST John		WIDDLE	Sapp		IS MOTHER'S MAIDEN NAM	MIDDLE		C1	ark
160 WA	AS DECEASED ET	VER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECUR 214-26-7		Ann C. Dyson	7103 Lo Baltimo	unsbu	ry Cour D. 212	t 07
1	8 CAUSE OF DE PART I. DE AT	H WAS CAUSI	D BY:	line for (a), (b), and	STOLE					ONSET AND DEATH
- 1		IMMEDIA	TE CAUSE (a)	no 1	STOLE				20	Danni
- 1	Canditions, if a gave rise to cause (a), st underlying co	immediate ating the	(b)	SICIC SIMI	VS SY	MYORDME; (SULEM	IC MEART DISEA	JE.	TEM	<u>.s.</u>
-	ARY R CYLIFF	10111515111	(c)							
		enc STE		AZHGA		NOT RELATED TO THE TERM		OKSEL		5
CERTIFICATION	90. DATE OF OPE	1 - 0				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDING YING CAUSES	NGS USED OF DEATH?
200	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	URY IN ITEM 1B P	ART I OR PART 2)	
2	Id. INJURY OCC		21e. PLACE			21f LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
2	20. I certify that saw the dec abave, (I) (w	eased alive ar	ital) attended the		12/1	nd that in (my) (aur) apinian o	death occurred an the o	late and have		that (I) (we) last causes stated
	226. SIGNATURE	- Owto	4			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		12 DATE	17/86
2	2d. PHYSICIAN'S			75011		22e ADDRESS ST776	MBS 120881,	ne		
	d	1 - SHON	Mu			700 Cater 10	he Batterns	n Me	mana	
	RIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		7	
	rial		12/20	/86 N	ew Ca	thedral Cemet	erv Balt	imore	COUNTY	rvland
_		2					E REC'D. BY REGISTRAL			J
Le 16	roy M. 30 Edmo	& Russendson A	ll C. Wa	itzke Pun atonsvill	eral	Homes P. Amen	221986	1 40 00 0	soldien l	Fig. and .

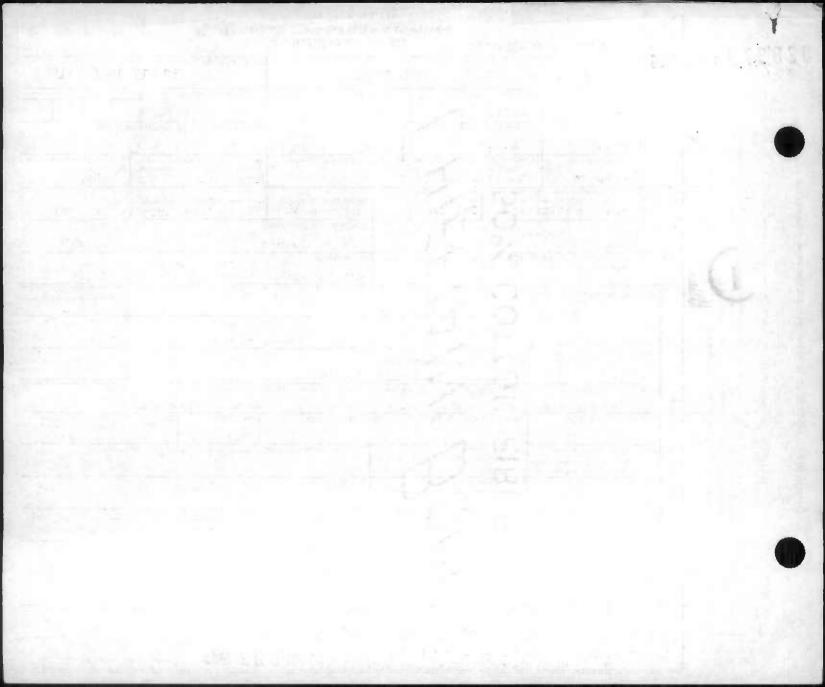
DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR: should be detached for use with the State Dispt. of Heal

TO HOSPITAL

FOR - STATE

DEC



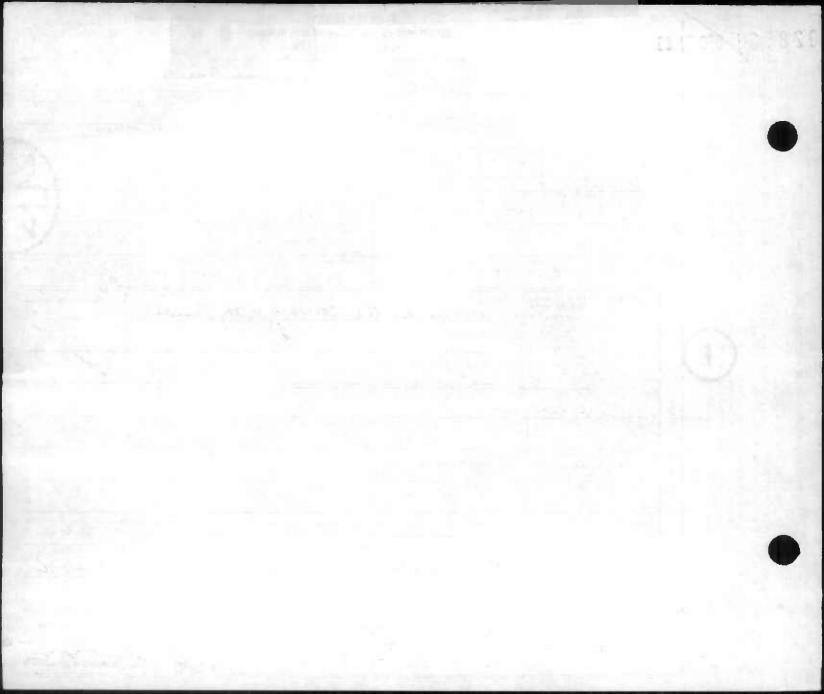
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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O	0			0.00	63

DECEASED						REG. NO			
		WIDOLE	Į.	AST .	20 DATE	OF DEATH MC	ONTH O.	AY YEAR	26 HOUR
(I TPE OR PRINT)	ANNA	LORET	TA	ECKART	DEC	. 27 19	986		6 A.
. SEX		4. RACE	5. DATE C			IN YEARS LAST BIRTHD	_	IF UNDER TYEAR	IF UNDER 24 HE
/ FF	EMALE	WHITE	SEPT		97	39	YRS.	ONINS DATS	HOURS MI
	CE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARR	9 BALTI	AORE CITY OR	COUNTY	OF DEATH	
COUNTRY	MD.	/ U.S.A.	WIDOWE			BALTIN	ORE	CITY	
CITY OR T	OWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O	GIVE STREET ADDRESS)		LTYPE OF V	AL OCCUPATION		126. KIND C	OF BUSINESS
	ALTIMORE	VALLEY NURS		VALESCENI	CEN. H	ÖMEMAKE	SR		-
JSUAL RESID 30 STATE MC	13b, COU		OR TOWN LTIMORE	13d INSIDE CITY LI		TROON	COU!	RT :	21236
	NAME FIRST CHARLES		CKOLS	15. MOTHER'S MA	NKNOWN	WIDDLE		LA	51
WAS DEC	CEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT		ADDRESS	5		
nc	P (IF YES GI	212	2-74-3756	DONALD	ECKART	(SON)	SAM	E ADD	RESS
	rise to immediate								
PART 2	(a), stating the rlying cause last.	DUE TO, OR AS A CO		NOT RELATED TO T	he terminal dise	ase or condit	ION GIVE	N IN PART 1	a
PART 2	rlying cause last.	(c) CONTRIBUT	TING TO DEATH BUT		20e Al	TOPSY? 2	Ob. IF YES, N CERTIFY	WERE FIND!	NGS USED S OF DEATH?
PART 2 19a DA 21a. AC	COLDENT WAS UNDERLYING	CONDITIONS CONTRIBUT	ING TO DEATH BUT	N WAS PERFORMED		1TOPSY? 2	Ob. IF YES, N CERTIFY YES	WERE FINDI	NGS USED
PART 2	CIDENT WAS UNDERLYING CAUSE OF DE	CONDITIONS CONTRIBUT 196 CONDITION FOI 216 TIME OF INJURY HOUR A.M. MOR	R WHICH OPERATION NTH DAY YEAR 19	N WAS PERFORMED) 20a Al	1TOPSY? 2	Ob. IF YES, N CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
PART 2	COLORN COURSE	CONDITIONS CONTRIBUT 196 CONDITION FOI 216 TIME OF INJURY HOUR A.M. MOR	R WHICH OPERATION NTH DAY YEAR 19	N WAS PERFORMED) 20a Al	1TOPSY? 2	Ob. IF YES, N CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
PART 2 19a DA 21a AC OR CON (JE EIT 21d IN. WHILE AT WORR 22a.1 c	COTHER SIGNIFICANT OF THE PROPERTY OF THE PROP	CONDITIONS CONTRIBUT 196 CONDITION FOI 216 TIME OF INJURY HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME STREET, FACTOR	R WHICH OPERATION NTH DAY YEAR 19 Y Y Y OPERATOR 19 operation 19 operat	N WAS PERFORMED	OCCURRED (ENTE	NO NATURE OF INJURY II	Ob. IF YES, N CERTIFY YES	WERE FINDI I'NG CAUSES TRIT OR PART 21 COUNTY	NGS USED SOF DEATH? NO STATE
21a. AC 21a. A	COTHER SIGNIFICANT OF THE PROPERTY OF THE PROP	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTOR	NTH DAY YEAR 19 YAY, OFFICE, FARM, ETC 1	21c HOW INJURY 21l LOCATION STREET , 19 ad that in (my) (our) DEGREE ATTEN	OCCURRED (ENTE	ITOPSY? NO TOWN CITY OR TOWN rred an the date	Ob. IF YES, N CERTIFY YES VITEM 18 PA	WERE FINDI ING CAUSES TI TOR PART 2) COUNTY	NGS USED SOF DEATH? NO STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, a



	1.	FOR - STATE REGISTRAR		DEPARTMENT OF	ITE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	SIENE 8 0	3 4 3	5 8
9025 JAN -5	常	CEASED NAME FIRST	MIDDLE	ECO	NOMAS	(2) 22) 00	6 2	2.10 qx
ge 4 mo ector, po ers ofter c	3. SE	* Female	4. RACE White	5. DAT	OF BIRTH DAY YEAR 1 1 7 53	6. AGE LINYEARS LAST BIRTH		OURS MIN.
	M	IRTHPLACE ISTATE OR FOREIGN COUNTRY) aryland ITY OR TOWN OF DEATH ALTIMORE	(IF NOT IN SUCH FACIL	WIDO	OR OTHER INSTITUTION		e City	
citize 24 hours deby falled in the 2 hound like fall	130 M	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN aryland ATHER'S NAME	OTHER INSTITUTION, GIVE RENTY 13t. C			13e.STREET ADDRESS / 3744 Bonvi	ZIP CODE	
SALTIMORE, MAKE Cote be executed cote be executed copers. Poges 1 mil syol. The medical mil the mil the medical mil the medical mil the mil t		James WAS DECEASED EVER IN U.S. AR	G. ECO MED FORCES? 16b. S	nomas ocial security no 9–62–3968	Harriet	ADDRES	Bellos	
uires that the death certification by the offending pherefelse remove corbang buriol, cremother, or remother troumatic even	z	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	D BY: TE CAUSE (0) DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUENCE OF	TNOT RELATED TO THE TERM	CON COL		TE INTERVAL LET AND DEATH
J. VII AL RECORD physicion. Tificole hos been d-tronsil permit The Del Hygiene priorit m 18 shows ony in	I CERTIFICATION	19a. DATE OF OPERATION NA 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJU	JRY MONTH DAY YEA	A/	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	S USED F DEATH?
DIVISION OF VITAL ENDING PHYSICIAN. The of or ottending physicion by the certificate buse as the buriol-tronsit Heolth and Mental Hygies is marked or frem 18 sho	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspi	21e PLACE OF IN. (AT HOME, STREET, FAI tol) ottended the dece	eased from	211 LOCATION STREET NAA 2 26 , 19 86	(ITY OR TOW	30 , 19 66 , the	STATE of (I) (we) lost
TTAL OR ATTI		sow the deceosed dive on obove, (if the lide) did no 22b. SIGNATURE 22d PHYSICIAN'S NAME (IVPE CO.	hall	deoth.	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFI	22c. DATE 910	
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stote	23a.	Michael BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial	23b. DATE 1-2-87		GOO SAMPRI CEMETERY OR CREMATORY	PAN Holp 56	01 2014 1	STATE
Dr	1	Duttat	1-2-01	Gr.eek	Cemetery	Baltimo	re. Maryland	

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. (VRA 15, 4)

Baltimore, Md.

Baltimore, Maryland
250. Date REC'D. By REGISTRAR' 250. REGISTRAR'S SIGNATURE

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because J. Mary Inc. Salatamers, Md. - Office a 1836 A. Statute M.

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						I. DECEASED NA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	0	3	Gard .	10	20
	REG. NO.				

,	REGISTRAR					REG. NO.			
	CEASED NAME FIRST	MIDDLE		AS1				AY YEAR	2b HOUR
	JESS			DMONDS	1-1	- 17		86	9:35 1
3. SE)	MALE	1. RACE BLACK	5. DATE O	DAY YE	AR	IN YEARS LAST BIRTHI		ONTHS DAYS	HOURS MI
70 BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL		15 2	3	MORE CITY OR	YRS.	OFDEATH	
(COUNTRY) NIC	USA	MARRIEL	D DIVORCE	ED 🗇	BALTI	MOR	2	LITY
10. CI	BALTIMORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		JA -		AL OCCUPATION VORK FOR MOST OF V			OF BUSINESS (
	STATE MD 136 COU	NITY III CITY	DR TOWN	134 INSIDE CITY LIA YES 🛣 NO	AITS? 13 STREE	and address / 2	ZIP CODE	EXING	10N ST
14. FA	JESSIE	MIDDLE Edwar	di, Sr	IS MOTHER'S MAIL		WIDDLE		Edi	ionds
160 V	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL	322516	Ruth E	dHonds	23	s 27 V	V. Lex	ington
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS		PIRATOR	LY FAIL	. ~			BETWEEN	ONSET AND DEA
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A COL							
IFICATION	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	NOT RELATED TO TH		JTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED S OF DEATH?
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	DUE TO, OR AS A CO. (c) LUX CONDITIONS CONTRIBUTION 196. CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON	NSEQUENCE OF OR OTHER PROPERTION	NOT RELATED TO TH	200 A	JTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED
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MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) (this hasp sow the deceased alive or obove, (1) (we) (did) (did in 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE)	DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON PRINT (AT HOME, STREET, FACTORY ON THE CONTRIBUTION OR PRINT) OR B TN	WHICH OPERATION ITH DAY YEAR 19 OFFICE, FARM, EIC) If from 19 OFFICE, OF	NOT RELATED TO THE N WAS PERFORMED 21c. HOW INJURY (21f. LOCATION STREET , 19. and that in (my) (our) (DEGREE ATTENT PHYSIK 22c. ADDRESS	200 AI YE OCCURRED (ENTE pinion death occurrence) DING MEDIC CIAN DIRECTI	NO DE NATURE OF INJURY CITY OR TOWN AL STAFF OR PHYSICIA	20b. IF YES, IN CERTIFY YES IN ITEM 18 PA	WERE FINDING AUSES RI 1 OR PART 2) COUNTY 9 ond from the	NGS USED S OF DEATH? NO STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

March Funeral Home West 4300 Wabash Avenue

BP.

TO FUNERAL DIRECTOR, after this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, as

E STORY AND AND STORY - AT Hard Comment of the c Real State of the N. O. STATE AND A DESCRIPTION OF STREET

STATE OF MARYLAND

1	STATE REGISTRAR		ER'S CERTIFICATE OF D	104	4001
	DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE KNOWN A MONTH	H DAY YEAR 25. HOUR
	CARR	E.	FOMARDS	DEATH MATED 12-	5-86 19 M
3 :	SEX 4. RACE B	DATE OF BIRTH 6. AGE (IN YEA	ARS IF UNDER TYR. IF UNDER 24 H		DAY YEAR 24 HOUR
	Female Black	07-19-20 66 YR	RS.	DEAD 12-	5-86 19 1:35₽
70	BIRTHPLACE ISTATE OR 7b.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
N	orth Carolina	USA	WIDOWED DIVORCED	Baltimore Cit	V MD.
		NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION 120	. USUAL OCCUPATION (TYPE OF WORL	K 126 KIND OF BUSINESS
-	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1512 E.Federal Str	ceet	FOR MOST OF WORKING LIFE)	OR INDUSTRY
	SUAL RESIDENCE (IF IN NURSING HOME OR OT D. STATE 113b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		STREET ADDRESS	1213
38	Maryland	Baltimore			treet
-	FATHER'S NAME		15. MOTHER'S MAIDEN N	AME	
Dr.	Jessie	IDDLE LAST	FIRST	MIDDLE	LAST
164	o. WAS DECEASED EVER IN U.S. ARMED	Lawson FORCES? IAM SOCIAL SECURITY	Carrie	ADDRESS	awson
	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR			wer 1512 E. Fed	eral Street
F		ne cause per line far (a), (b), and (c).)	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		APPROXIMATE INTERVAL
1	PART I DEATH WAS CAUSED BY	Casaina	of 1,		BETWEEN ONSET AND DEATH
	IMMEDIATE C	/ DUE TO, OR AS A CONSEQUENCE C			
Ш	Conditions, if any, which				
	gave rise to immediate cause (a) stating the under-	(b)			
П	lying couse last,	DUE TO, OR AS A CONSEQUENCE C	OF.		
1		(c)			
		RIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVEN IN PART 1 10	0	
13					
1:	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		2D AUTOPSY?
41	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS				YES NO X
1	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR TH P.M. 19		NTER NATURE OF INJURY IN ITEM 18 PARY 1 OR	PART 2)
1	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR FOWN	COUNTY STATE

22a I certify that I taak charge of the remains described above, held on Natural causes X death resulted from: ACTUAL

23c. NAME OF CEMETERY OR CREMATORY

Autopsy

TITLE (SPECIFY) Assistant MEDICAL EXAMINER

EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE

Margarita A. Korell, M. Dobress

111 Penn Street

Undetermined manner

Inquiry X

EXECUTE THE CERTIFICATE. WRITING A SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH. WITH THE STATE OF BIALTIMORE, MARYLAND, 21201 P

DHMH - 17 (VR A15 ME (5))

07/84

Burial 24 FUNERAL DIRECTOR

12-9-86 Mt. Auburn Cemetery

Inspection

23d LOCATION
cryokTown
Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

Brown/Thompson F.H. 1913 W. Baltimore Street

Do don Pandre



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

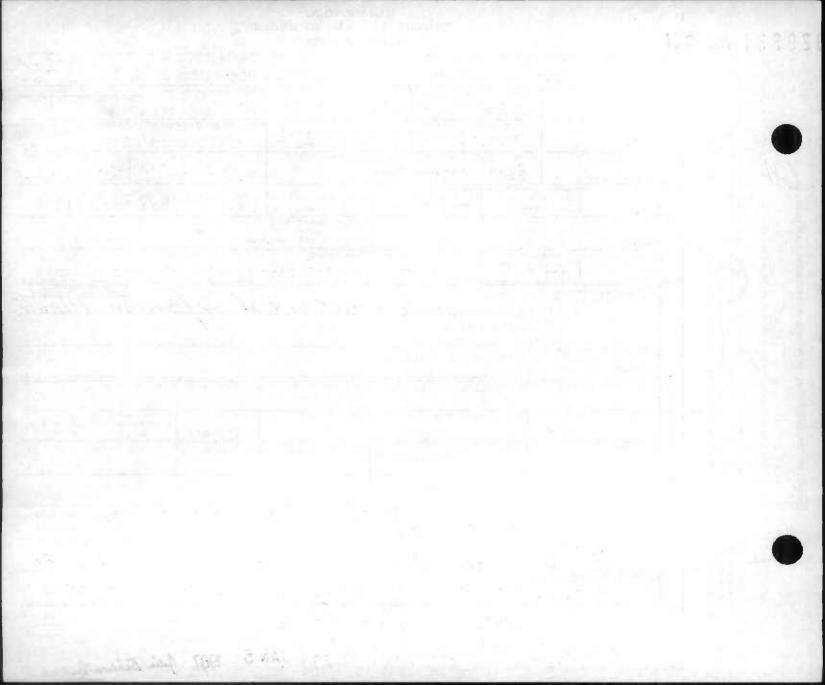
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07- 5	OR STATE REGISTRAR			DEPART		EALTH AND MENTAL H	TYGIENE	Ö O REG. NO	. S	4 0	0 1
	ASED NAME	FIRST	,	AIDDLE		ASI	2a. DA		MONTH	DAY YEAR	26 HOUR
(TYPE OR	PRINT)	Henr	y F	lbert	E	dwards Sr.	. De	cember	31	1986	13 4/9
3. SEX		4	RACE		5. DATE O		6. AGE	(IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	1
	Male		White	2	Nov		62		YRS.	MONTHS DAYS	HOURS MIN.
√a BIRTI	HPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY	8	D X NEVER MARRIED	9 BALT	IMORE CITY O		OF DEATH	
COU	Md.		U.S.	Α.	WIDOW		ăl .	Baltim	ore	City	M
	or town of DE		(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE Hillto]	T ADDRESS)	DR OTHER INSTITUTION	(TYPE O	UAL OCCUPATION WORK FOR MOST OF Licema	WORKING LI		
130. STA	RESIDENCE (IF NURS	13b. COUNT		GIVE RESIDENCE BEFOR 134. CITY OR TOV Balti	VN	13d. INSIDE CITY LIMITS?	? 13e STR	eet address 02 Hil	ZIP COD	Ave.	21206
	HER'S NAME FIRST	м	DDLE	Edware	ds	15. MOTHER'S MAIDEN	NAME rence	WIDDLE		Eber	ly
160 WA	S DECEASED EVER		ED FORCES?	166 SOCIAL SEC		17. INFORMANT		ADDRE			
,,,,,,,	es		II	219-12	-7323	Muriel Ed	dward	s (wif	e) s	ame ac	ddress
NON	Conditions, if any gove rise to immode to immode to immode to immode to immode to immode the course the course to immode the course to immode the course t	nediote ng the lost. NIFICANT CO	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TE	20a	AUTÖPSY?	20b. IF YE	S, WERE FIND FYING CAUSE	INGS USED S OF DEATH?
٥ پيـ	TO ACCIDENT WAS UNDER CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH D	PAY YEAR	21c. HOW INJURY OCC	YES CURRED (EN			PART OR PART 2)	NO []
MEDIC	MHILE NOT WE	RED	21e PLACE			211 LOCATION STREET		CITY OR TO	VN	COUNTY	STATE
	2a. I certify that (1) saw the deceas above, (1) (we) (1)	ed alive on_	10-	16 19	86.01	nd that in (my) (our) opini	ion death oc	curred on the do	te and hou		that (1) (we) la e couses stated E SIGNED
	24 PHYSICIAN'S N	AME (TYPE OR	Mulo	din	2 .	ATTENDING	NEDIREC	CAL STAP	F IAN []	12.	31-86
			Ghila	adi		Osler Me	d. Ce	en., 76	00 C	sler	Drive
(SPE	RIAL, CREMATION, Burial	REMOVAL	23b. DATE 1/3/			emetery or cremator is of Fait	h I	iocation Balltimo		COUNTY	Mď".
24. FUNI	eral director NSchimu 3331 B	nek E	unera Lane	l Home, , Balto	Inc. Md		IAN 5	BY REGISTRAR	Julia	TRAR'S SIGNA	TURE



9239 JAN -5	FOR STATEMEN EX. / G-6 REGISTRAR J/31/87. (DECEASED NAME FIRST	0 4 3 ,	S CERTIFICATE OF DEA	0 0 0 9	DAY YEAR 12b, HOUR
RY, PLEASE DIRECTOR. DUR FILES. 72 HOURS ON STREET,	(TYPE OR PRINT) Patricl SEX 4 RACE 5 D	ATE OF BIRTH ONTH DAY YEAR LAST BIRTHDAY	Eggers Jr. FUNDER 1 YR. IF UNDER 24 HRS.	OF ESTI- DEATH MATED 12 2c. DATE PRONOUNCED DEAD 12	30 19 86 M DAY YEAR 24 HOUR 30 19 86 4:05A
SE S	Maryland D CITY OR TOWN OF DEATH	CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED NEVER	Baltimore City Baltimore City UALOCCUPATION (TYPE OF WORK MOST OF WORKING LIFE) NE	TY OF DEATH 7 MD.
ANY DE STAIN	SUAL RESIDENCE (IF IN NURSING FOME OF OTH IN STATE MADE FIRST MADE	Baltimore LAST	15. MOTHER'S MAIDEN NAME	MIDDLE	21225
S AP ROFE OF GRAPH PROFESSION OF THE PROFESSION	Patrick 60. WAS DECEASED EVER IN U.S. ARMED I (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR O NO		Donna 17. INFORMANT Donna R. Egge	R. Higginb ADDRESS ers same as 13	e e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUIS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, RDED TO THE CHIEF MEDICAL EXAMINER ALONG W RE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, E OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	USE (o) Bronchopulmon DUE TO, OR AS A CONSEQUENCE OF (b) Prematurity DUE TO, OR AS A CONSEQUENCE OF (c) BUTING TO GEATH BUT NOT RELATED TO THE TERMINAL (c) al anomalies of 19b CONDITION FOR WHICH OPERATION	ISEASE OR CONDITION GIVEN IN PART I o	ventricular	hypertrophy 20 AUTOPSY?
ON OF V	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 218 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH DAY YEAR H P.M. 19	C HOW INJURY OCCURRED (ENTER) LOCATION STREET		YES X NO
MEDICAL EXAMINER: ECUT THE CENTIFICATE GE 4 SHOULD BE FOR: FUNERAL DIRECTOR: FIRE DEATH, WITH THE S ITIMORE, MARYLAND,	22a I certify that I taak charge of the death resulted fram: Natural call actual SIGNATURE	[73]	TITLE (SPECIFY) _M.D. Assistant _MED	Inquiry , and in my op ermined manner , PICAL EXAMINER SIGNER DATE SIGNER Balto	12/30/86
524548 5	30. BURIAL, CREMATION, REMOVAL 236 DA	ATE 23c, NAME OF CEMETE	RY OR CREMATORY 23d. LC	OCATION COUN	STATE Md.

1.11-00 00.000

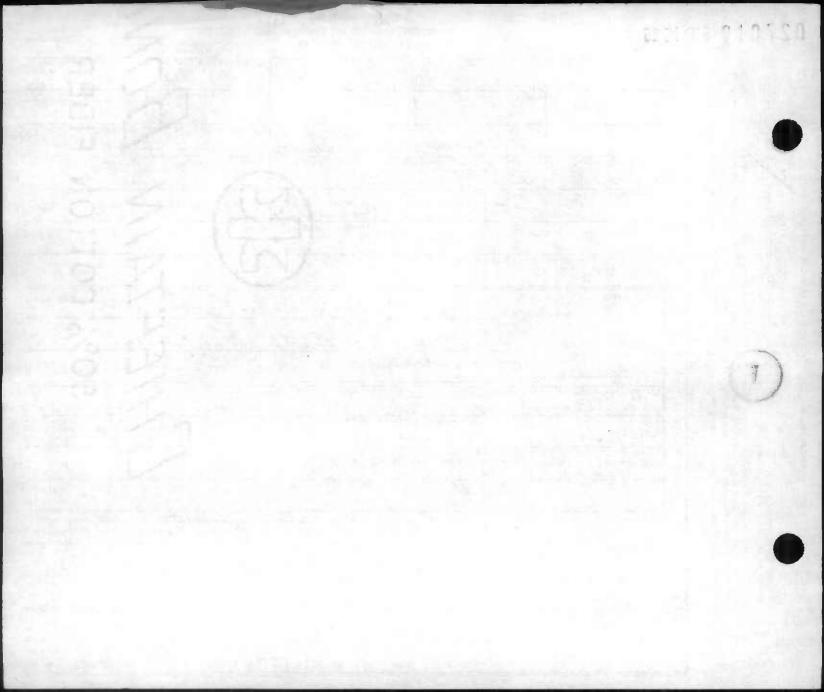
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STATE OF MARYLAND

8	RE	NO.	3	4	زرا	ò	
OF	DEATE		DAY	VELO	Lau	110110	_

027010 DEC	REGISTRAR CERTIFICATE OF DEATH REG. NO. 3 4 5							5 6 4	
. 86		CEASED NAME FIRST E OR PRINT)		IAN ELBECK			20. DATE OF DEATH		10 11001
A De la participa de la partic		NAAN	MAN				12 7 86 1246		
1 41	1,56	X	4 RACE		S. DATE (6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
D 000		M	F		7	31 27	59 YRS.		
O 16 70		IRTHPLACE STATE OR FOREIGN COUNTRY)			MARRIED NEVER MARRIED WIDOWED DIVORCED				
1 44	-	BALTIMORE			ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) DISABLED		
AND 212		AL RESIDENCE (IF NURSING HOME OF ATE 136 COL		GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	T 21213
MARYL FILLIP	14. F	ATHER'S NAME FIRST WILLIE	WIDDLE	ELBECE.		15 MOTHER'S MAIDEN NA BEULTAH	ME	PUR	NELL
# 1 1	160	WAS DECEASED EVER IN U.S. A				17 INFORMANT	ADDRESS		
TIME		YES NO OR UNKNOWN) (IF YES, C		239326020		HERMENE HALE 1400 N. POTOMAC S			ST 2121
CORDS, 201 W. PRI	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT Real Fuil 190 DATE OF OPERATION	conditions c	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM L JSChic N WAS PERFORMED	INAL DISEASE OR CON	DITION GIVEN IN PARTIES.	NDINGS USED
7 20 20 7		11/17/86	Is	dremic	Bon	iel	YES NO	IN CERTIFYING CAU	SES OF DEATH?
ACTAN 1 BCIAN 1 B physical medicine medicine medicine		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY I.M. MONTH D I.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR PART	2)
NG PHY affer this of the by th and M		214. INJURY OCCURRED NOT WHILE ALL WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC)	ZII LOCATION STREET	CITY OR TO	OUNIY	STATE
ATTENDS point or CTOR A 150 use of Heal		220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did n	12/	7 19	SC . or	nd that in (my) (aur) opinion	deoth occurred on the d		the causes stated
A to the part of t		226. SIGNATURE J	· Ar		M	PHYSICIAN L	MEDICAL STA DIRECTOR PHYSK	FF c 12	17/86
O HOSPITA named by O FUNERA hould be d		Donna	L. Do	ω		UNION MEMO	RIAL HOSPIT	AL	
25 5		BURIAL, CREMATION, REMOVA (SPECIFY)	L 23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	BU	RIAL	12 12	-86 A	RBUTU	IS CEMETERY	ARBUTUS		MD
DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR	,	
(VRA 15, 4)	1/	ARCH FINERAL	. FOME	1101 F	TTOF	RTE AVE	C 1 1 1096	1.1.	Dudass.



26178-BEC-		REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. N		5 5 5
nay be page 3 :r death		OR PRINT) JOHN	WIDDLE E	LEN BERGER	26. DATE OF DEATH	MONTH DAY YEAR	26. HOUR 5. 2- AM
ge 4 marge ector, po	3. SE.	MAle	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR G 24 27	6. AGE (IN YEARS LAST BIR	YRS. IF UNDER 1 YE	
A de la contraction de la cont		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY C	1. BALTO	MD.
5 d 1 43	-	ALTIM OFF	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS) TO BE GEN. HOS	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Foreman	OF WORKING LIFE) INDUSTR	of BUSINESS OR NITURE C
AND 212 n 24 hum rould be	13a S	TATE MD JA		YES NO [13e STREET ADDRESS	23 PRODE 1708	8 Light
MARYL, and within ond 2 st	100	THER'S NAME INFERST ETER	ELLEN (15. MOTHER'S MAIDEN NA FIRST JE	NNXE MIDDLE	CURR	LAST
BALTIMORE, MARY cote by executed with system of the poperation of		YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC 2 2212			ESS Balto.Mo n.1429 Bat	
ECORDS, 201 W. PRESTON ST., BAI ow requires that the death certificate then signed by the attending physic rmit. Then please remove carbonpape prior to buriol, cremation, or removal ony injury, or other traumatic event, th	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		JENCE OF JENCE OF TO THE TERM	AINAL DISEASE OR CON 200. AUTOPSY?	tion.	trition DINGS USED
FUITAL RE la lan: The la physicion. infracte hos of Hygiene in 18 shows:	CERTIF	?)a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJU	YES 🗌	NO PE
VISION OF G PHYSICIA of the buriol-the buri	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	3.77	19 (21) LOCATION	CITY OR TO	DWN COUNTY	STATE
R ATTENDI haspital or RECTOR: A ned for use spt. of heal		saw the deceased alive an		, and that in (my) (our) opinion		22¢. DA	he couses stated
TO HOSPITAL O retoined by the TO FUNERAL DI should be defoci with the State DR with the State DR IMPORTANT. If F		22d PHYSICIAN'S NAME (TYPE OF DY) HELD RIT		22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC	cian &	-2-86
BP C d w M		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY len Haven Mem. Pai	23d LOCATION	COUNTY	.Co .Md".
DHMH - 16 60M 7/84 (VRA 15, 4)			1to.Md.21230 al Home, 130 E	Fort Ave.	JEREC'D. BY REGISTRAR DEU 4 1986		2017.41

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4107 Wilkens Ave.

Burial

Hubbard Funeral Home, Inc.

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

029049 JANI-5

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 20. DATE OF DEATH YEAR MONTH 2b. HOUR 86 7:10P6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I VEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Self Semployed Consessionair 13e.STREET ADDRESS / ZIP CODE 2671 Wilkens Ave 21223 MIDDLE LAST Hofhienz ADDRESS 21106 Ernest L. Elliott, Jr. 302 Lake View Ave 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE Decembra and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF 2-30-86 DIRECTOR PHYSICIAN CITY OF TOWN Maryland Loudon park Cemetery Baltimore 1/2/87 250. DATE REC'D. BY REGISTRARIZE REGISTRAR'S SIGNATURE

200 c 2030

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic

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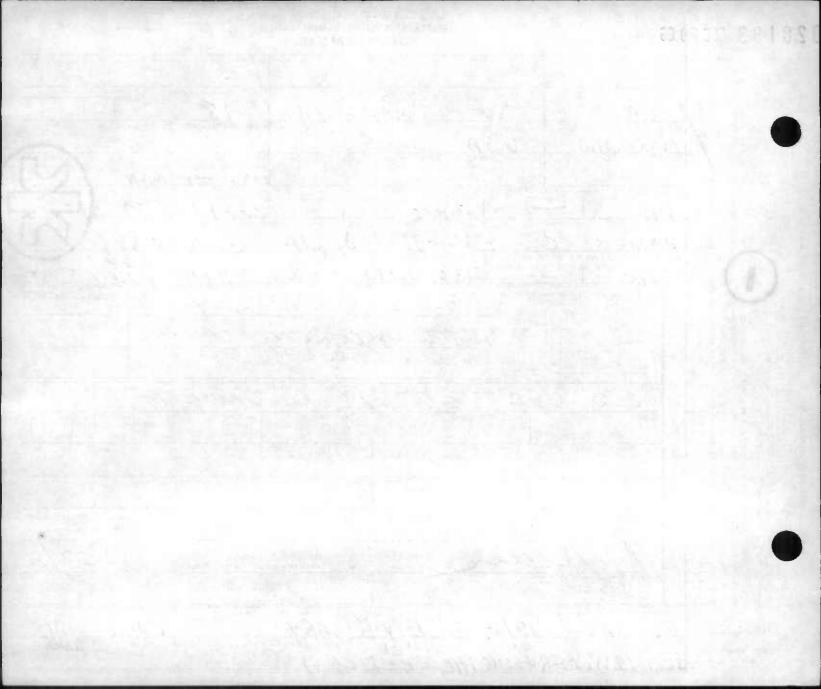
5 FOR STATE REGISTRAR

STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

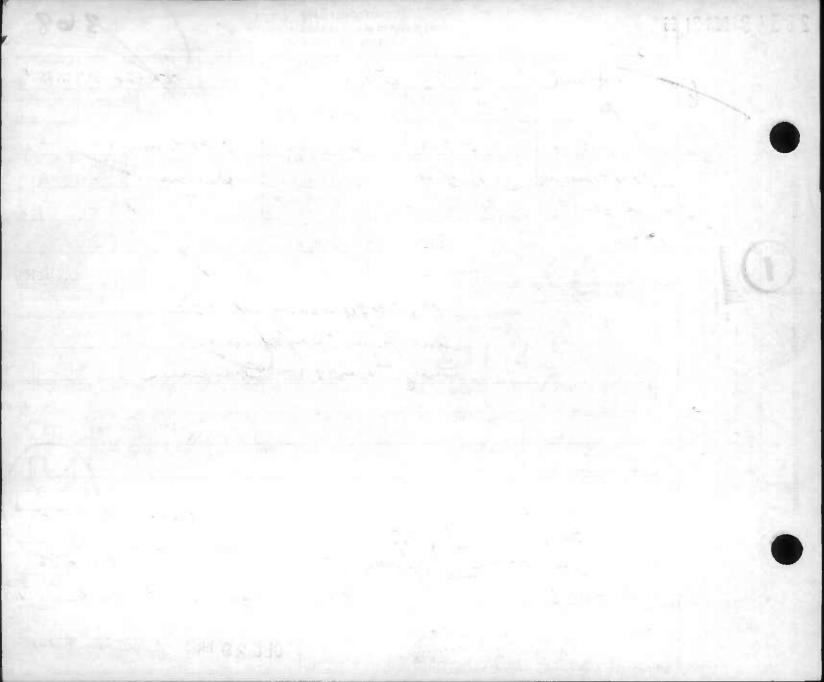
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REG. NO.		
B DATE OF DEATH MONTH	DAY YEAR	26 HOUR
12-21-1986		7>50 P
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	CEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH C	AY YEAR	26 HOUR
[TABI	E OR PRINT)	JAMES	JOHN	ELLI	OTT	12-21-1986	5		7>50 P
3 SE	X	4	RACE	5 DATE OF		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
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100	ALTIMORE		BELATE CONVAL	FSARTUM		LONG-SHOP		N -	
	AL RESIDENCE (IF NI	JRSING HOME OF O		TOWN 1	d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	21	1224
1/	YID		BAL	-1 [/	YES NO	3777 F	LEE	.7 5	
14°EA	ATHER'S NAME FIRST	Ma	IODLE LAST	1	MOTHER'S MAIDEN NA	ME		LAS	
10	AMES	C	, FLLI	0//	UULIA	GOR	NO	WIC	3/-
	WAS DECEASED EVI YES NO OR UNKNOWN)		WAR OR DATES)	SECURITY NO. 1	INFORMANT	ADDR	3	227	
_	140	-	- 1430	146011	ANTOINNE!	E = 1101	F	LEE	7 57
	18 CAUSE OF DEA	ATH Enter only WAS CAUSED	one cause per ling por A . P	7590	DEEDIO	Market	101	BETWEEN	ONSET AND DEATH
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	cause (a), sta		DUE TO, OR AS A CONS	EQUENCE OF	ts QU CATI	C 603			
	DANK O OTHER CI	CAUSICANIT CO	(c) ONDITIONS CONTRIBUTING	TO DE ATIL BUILD	7 05 4 750 70 705 750				
N N	OLD	CI	JA. S.	TP R	PN	TUMOR		IN IN PART IT	
CERTIFICATION	190 DATE OF OPER	RATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
E						YES TI NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
E E	210. ACCIDENT WAS	INDERLYING	216 TIME OF INJURY		Ic. HOW INJURY OCCUR		RY IN ITEM 18 PA	ART I OR PART 2)	
	OR CONTRIBUTING	_	HOUR A.M. MONTH	DAY YEAR					
MEDICAL	21d INJURY OCCU		21e. PLACE OF INJURY	2	IF LOCATION	CITY OR TO	NATA.	COUNTY	STATE
8	WHILE NOT	WHILE WORK	(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC)	SINCET	(11) 04 (0			31416
	22a 1 certify that	(It (this baspite	Mattended the deceased fr	om_11-17-	1986 19 12	-21 to 1986	, 1	9	that (I) (we) last
	sow the sice obove in twe	ased alive on	11/11/2 8th death	19, and	that in (my) (our) apinion	death occurred on the d	ate and haur	and Iram the	causes stated
	226 SIGNATURE	DI		DE	GREE			174-PATY	SIGNED
	/	FRE	usa		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [14	12/80
	LUIS	E. RIVER	PRINT)		2e ADDRESS 54 Sc.	ott Adam Rd.			/
	1,013	L. KIVL	Tty M. V.			usville Mary		21030	
23a. E	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	231 NAME OF CEA	ETERY OR CREMATORY	23d. LOCATION		COUNTY	A DATE
14	ORIA	4	12/24/86	HOLYI	LOSARY		BA	170	MD
24 F	UNERAL DIRECTOR		6 /	26 15 1	250. DA	E REC'D. BY REGISTRAR	THE RECTISTS	MATE SIGN AND	34E 9264



Martin D. Lawson, 10 W. Padonia Road, Timonium

DHMH - 16 50M 1/B1 (VRA 15, 4)



STATE OF MARYLAND

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REG. NO.					

6974 DE	11	5 TAGE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 4 3	, 0 /
1 24		CEASED NAME FIRE OR PRINT)		WIDDLE	ENGL	AST	12-3-86	ONTH DAY YEAR	2b HOUR 2PM
d do	1. SE		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR	
4 65	1. 30				MONTH	DAY YEAR		MONTHS DATS	HOURS MIN.
and deep	70. B	Female	White	e WHAT COUNTRY?	0	21-28	58 9 BALTIMORE CITY OR	COUNTY OF DEATH	
黄原 长	1	COUNTRY	U.S.		MARRIED	NEVER MARRIED	Baltimore		
13 11 1	10. C	Maryland ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		D DIVORCED ROTHER INSTITUTION	12a USUAL OCCUPATION	V TIZE KIND C	OF BUSINESS OF
1 1100		Baltimore	131	8 Meriden	e Driv	re 21239	Homemaker	ORKING LIFE) INDUSTRY	
	13α. 3	AL RESIDENCE (IF NURSING H STATE 13h aryland -	COUNTY	13E. CITY OR TOW Baltimo	'N 1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 4121 Buena		ue 2121
4 12-1		ATHER'S NAME	i dente	1167		15. MOTHER'S MAIDEN NA	ME		
2 1350	1	Edward	MIDDLE .	Miller		Johanna	MIDDLE E	Kro	eger
1 1 1		WAS DECEASED EVER IN U		166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRESS		-0
1 1		YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	217-24-5	724	B.A.Carden 13	318 Meridene	Dr. 21239	
the offer remove emotion er trour		Conditions, if any, who gave rise to immedia cause (a), stoting	ich (b)_	DR AS A CONSEQUE	istetti	c Breast	Cancer	- 91	year
requires that the decent signed by the attentions to Tohan please remove to to burial, cremation by injury, or affect trains	MOLITION	gave rise to immedia cause (a), stoting underlying cause la PART 2 OTHER SIGNIFIC	cich (b) ate the DUETO, Cost.	DR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	in al disease or Condit	TION GIVEN IN PART 1:	
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DHMH - 16 60M 7/84

4 6

(VRA 15, 4)

24 FUNERAL DIRECTOR . LUCIUM BASTO 106 East Church St., Frederick, Md. 21701

INILSON M.D.

JOHNS

231 NAME OF CEMETERY OR CREMATORY

22d PHYSICIAN'S NAME (TYPE OF PRINT)

23a BURIAL, CREMATION, REMOVAL

Cremation

CHARUTON

Dec. 27, 1986 Smithsburg Crematory Smithsburg, Washington, Md.

23d LOCATION

1980 Julia Devider Pendels

HOPKINS HOSPITAL 21205

2h HOUR

Smith

3:30 A

Carles of recorns Carles C. ENG.

Wainwright2700 EdmondsonAve.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND

D

EPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	Q _{G.N}	10. 3	di	1	1	1
LAST	20 DATE OF	DEATH	MONTH	DAY	YEAR	Zh HOL	ID

1.	FOR	DEPAR	TMENT OF HE	ALTH AND MENTAL	HYGIENE		dian)	4 7	7 1
1.	STATE REGISTRAR		CERTIFI	CATE OF DEATH		& REG.N	0. 5	4 3	l den
T/OEE	SED NAME FIRST	MIDDLE	LA	51	2a. DA	TE OF DEATH	MONTH D	AY YEAR	2b. HOUR
1 part	ALICI	E IRE	EV	ANS	DE	CEMBER	11.	1986	5:04 M
1,58K		4 RACE	5. DATE OF	FBIRTH	6. AGE	(IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	F.	NEGRO	MONTH	DAY YEAR	2	100	O YRS M	ONIHS DAYS	HOURS MIN.
7a. BIR	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8.	5- 5-6	9 BAL	TIMORE CITY C	1113	OF DEATH	
	OUNTRY)	11 5 0	MARRIED	NEVER MARRIED	_	- 		ΓTY	MD.
10 CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED		-	BALTIMO SUAL OCCUPAT		-	OF BUSINESS OR
1		(IF NOT IN SUCH FACILITY, GIVE STRE	EET ACICRESS)		(TYPE (OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	
	ALTIMORE	THE JOHNS E	ORE ADMISSION	S HOSPITA	AL L	100Sen	14.	-01	202
134.5	THE 136 COUNTY	NTY 13L GITY OR IC	O.	13d. INSIDE CITY LIMIT YES NO 🗌	12	20211	1 / /	PEAL	2 Cot
4 FA	THER'S NAMES FIRST GLEDK	MIDDLE HILLAST		15. MOTHER'S MAIDEN	The A	MIDOLO	RYAN	IT LAS	51
16a W	AS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT	2	ADDR	ess	1	
(4	ES, NO OR DHINDWN) (IF YES, GIV	VE WAR OR DATES)		Richard &	vana	2619	E. ta	loton	57
	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b),	and (c).)					BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	DBY: Care	diac	arrest				20	minutes
	IMMEDIA	TE CAUSE (d)							
	Canditians, if any, which	DUE TO, OR AS A CONSEC	QUENCE OF						
	gave rise ta immediate	(b)							
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEG	QUENCE OF						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT I	NOT RELATED TO THE	TERMINALD	ISEASE OR CON	DITION GIVI	EN IN PART III	a:
2	COAD	bromoula	die						
- F	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION	WASPERFORMED	200	AUTOPSY?		, WERE FINDIN	
55					YES	NO I		YING CAUSES S 🗔	NO [
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OC					
	OR CONTRIBUTING CAUSE OF DE	AIN	DAY YEAR						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.	19	21f. LOCATION				COUNTY	STATE
3	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC)	STREET		CITY OR TO	JWN	COUNTY	SIAIC
1.63	23s 1 sertify that (1) (this base	nital) attended the deceased fran	Der	10 1	16	Decl		19 76	that (I) (we) last
1	saw the deceased alive ar	Dec 11 19		d that in (my) (aur) ap	pinian death o	accurred an the o	date and have	and fram the	causes stated
	abave, (I) (we) (did) (did no	at) view the bady after death.		DEGREE				22c. DATE	SIGNED
	Tou	en facti v		ATTENDI	NG MEI	DICAL STA		1	2/11/16
-	22d. PHYSICIAN'S NAME (TYPE	OR BRINITY		PHYSICI/ 22e. ADDRESS	AN LI DIRE	CTOR PHYSI			
	Steven	Laste MP		600 N.	wo 14	: 54. 0	ohas	Honkin	1 /tosp.
23a. B	BURIAL CREMATION, REMOVAL		my. C	all ary	ORY 230	LOCATION	Bonns	to min	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

page 3

STATE OF MARYLAND

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FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG **CERTIFICATE OF DEATH**

9 100	CE LEED ALL				REG. IN				_
T. DE	GEASED NAME - FIRST	MIDDLE	4	A-1	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR	
1	rernai	ndis, thom	AL F	Voins	ŀ	12 18	86	1330	
		1 1 2000			1.105	-	10		N
3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR	HOURS MIN.	_
L	m	B	3	24 1913	73	YRS.	DATS	HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.		9 BALTIMORE CITY O	R COUNTY OF	DEATH		_
15	COUNTRY)	11.50		D NEVERMARRIED	72	- 7	_		
1/5	DAY TIMERE 1010	ar ar ven	WIDOWE		WHITIMO	and.	114	M	-
10. C	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR	ł
1	34 = 1 000 0.5	C - 1	7 /	3 ~	(TYPE OF WORK FOR MOST O		DUSIKI		
	JALTIMORET	DO HONES	1403	5-12	KETIRE	1).			_
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M	BRYLAND		MORE	YES NO	1 . 4		a Co	7,7,0	,
14 6	ATHER'S NAME	2.24.7		15. MOTHER'S MAIDEN NA		PBL4701	4 27	MIN!	_
-	FIRST 1	MIDDLE	~	FIRST	WIE WIDDLE		LAS	T	
17	HOMAS LIVANS	FERNANOLS	5R	GLIZABETE	FERMAN	1110	2710		
16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO.	17. INFORMANT	ADDRE	SS			_
		VE WAR OR DATES)	a da da		1 .000		A		
	Y43 W.	WI 2131	28788	MULAUL MOOR	& SR 1733 K	UXTON	1944	21216	
	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b	and (c)				APPROXI	MATE INTERVAL	=
	PART I. DEATH WAS CAUSE	D BY:	1	- NOGEN			JE, 141	1 L	_
	IMMEDIA	TE CAUSE (0)	o junu	nay contra			m	n rurs	_
		DUE TO, OR AS A CONSE	QUENCE OF	-1					
	Canditians, if any, which	()	a conserved	rend aux	lais some	sana.	da	25	
	gave rise to immediate	(6)	1	, , , , , , , , , , , , , , , , , , , ,	1			1-	-
	cause (a), stating the	DUE TO, OR AS A CONSE		- 1				11	
	underlying cause last.	1 10 meta	Stotus	Colon Car	reina		m	wes	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT BELATED TO THE TERM	INIAI DISEASE OR CON	DITION CIVEN IN	LDART 1		=
Z	The street of th	CONDITIONS CONTRIBOTIONS	TO DEATH OUT	NOT KEERIED TO THE TERM	IIVAL DISEASE OR CON	DITION GIVEN III	T ART III	,	
CERTIFICATION	19a, DATE OF OPERATION	196. CONDITION FOR WE	HCII OPERATIO	ALIMAS PERFORMED	70a AUTOPSY?	Teal IE VEC 14E	DE EILID II	10011055	-
0	190. DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATIO	N WAS PERFORMED	700 AUTOPSY?	20b. IF YES, WE IN CERTIFYING			
1					YES NOT	YES 🗆		NO 🗆	
1 2	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21c HOW INJURY OCCURR	ED CENTER NATURE OF INTUI	PY IN ITEM IS PART 1.0	DR PART 21		areadate.
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR		TENTER THIORE OF 11-301	THE TAKE THE TAKE TO A TAKE TO A	2117 -1117 27		
15	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION				2.00	-
Σ	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	ICE, FARM, ETC }	STREET	CITY OR TO	WN C	OUNTY	STATE	
	AT WORK AT WORK			1 1		γ	01		_
	22a.1 certify that (1) This hosp			19 86	ta		16	that (I) (well as	t
	saw the described live on	12 -(8 at) view the bady after death.	9_86 , ar	nd that in (my) (aur) opinian o	death accurred an the do	ate and haur and	fram the	causes stated	
	27b. SIGNATU	it) view the bady after death.		DEGREF		1	22c. DATE	SICNED	-
	1///	111		ATTENDING	MEDICAL STAF		ZZZ. DATE	SIGNED OF	
	16/00	Com		PHYSICIAN [12	1886	
7	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS	4.1	4			-
	0 h. F	enter in D		Ct hande	Hospito	1 n	11	non	
1.	1610	O CI = IC VVC P		11/1/203	1621	130	11/	147	

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retained by the TO HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

to Funeral Diffection is should be detoched for use with the State Dept. of Neo MPORTANT IF III

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 24 FUNERAL DIRECTOR

23b. DATE 12-24-86

SEAH LIRUSS ZZZZ W. NORY W ALLY

236. NAME OF CEMETERY OR CREMATORY

ARBUTUS MAM PARK

236. LOCATION

STATE

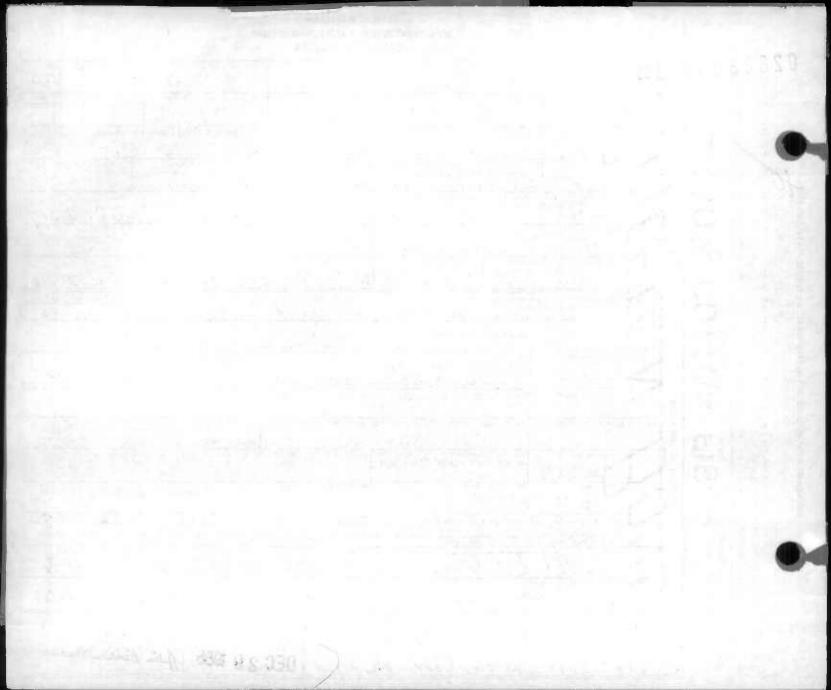
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77000	DEC .	000	REGISTRAR		CERTIFICATE	DEATH	REG. NO.		
21303	DEP 9		MASED NAME PRIT	WIDDLE	LAST		20 DATE OF DEATH ME	ONTH DAY YEAR	2b HOUR
3 10		11111	CHIMINO TO	mont R	EVAN	2	1	7 1786	8:15 A
5 20	1	1.5E		I RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHE		1
7 25	5		Mala	Black	MONTH D		60	MONTHS DAYS	HOURS MI
- do	-	FC 10	RIHPLACE PERMIT ON FOREIGN	75. CITIZEN OF WHAT COU		6 26	9. BALTIMORE CITY OR	COUNTY OF DEATH	
# 72	-352		COUNTRY TO JUST	1) CA	MARRIED NEV		011	COUNTY OF DEATH	
# 54	15	nistra AN C	TY OR FOWN OF DEATH	11 NAME OF HOSPITAL	WIDOWED	DIVORCED	(Da / 1953)	e Cry	
1 /2 23	10	- C	2 1 A	(IF NOT IN SUCH FACILITY, GIV	URSING HOME OR OTHER E STREET ADDRESS)	INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V		
100	20	.0	Da there	Nniv. stra		exter	Microbiop	15t	
	14			OR OTHER INSTITUTION, GIVE RESIDENCE UNITY		DE CITY LIMITS?	13e.STREET ADDRESS / 2	P CODE 2	2,06,39
24 Siles	10		nd. Co	1 1	Box ton YES X	_	40 Bono	5 Wood	Rd
113	15/1	SUFA	THER'S NAME		15. MOT	HER'S MAIDEN NAM			
6	XIY		Charles	MIDDLE	VANS	Sara	MIDDLE	57	ST CO
1	Wet	16a. V	VAS DECEASED EVER IN U.S.		L SECURITY NO. 17 INFO		ADDRES:	S	Mach 1
	13//	1		GIVE WAR OR DATES) 4/43 -	74-1877	l. F	/O Dondo	Moode Pd	
- D	- 8		Ves	1952 700		ly Evans	40 Ponds		XIMATE INTERVAL
100	DAG THE		PART I. DEATH WAS CAUS	only one couse per line for (o), SED BY:	(b), and (c).)	1 (acc)	1 - a6 Ha	BETWEEN	5
1 99	1 6		IMMEDI	ATE CAUSE (o)	so mall CP	y Carci	40 M 04-10	Cup 1	s mont
e death o	9 6			DUE TO, OR AS A CON	ISEOUENCE OF				
# #5	000		Conditions, if ony, which	(b)					
2 49			cause (d), stating the	DUE TO, OR AS A CON	SEQUENCE OF			-	
for the	10 10		underlying couse last	(c)				1000	
F 20	3 6	-	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELA	ATED TO THE TERMI	NAL DISEASE OR CONDI	TION GIVEN IN PART 1	0
8 24	0 4	ION	Ence Bhal apart	1 41 1 1 1 1 4 4 4					
low required as been signered. They	110	CAI	ME DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION WAS PE	ERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI	NGS USED
25 25	9 6/	THE	La Contraction of the Contractio				YES NO	YES	NO [
7 5 5 5	18/	CERT	210. ACCIDENT WAS UNDERLYING	110110 111 110117	21c HO	W INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
44 44	TE	¥	OR CONTRIBUTING CAUSE OF E		H DAY YEAR				
S + 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1 N	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOC				
NG PHYSICIAN. The attending physicia the this certificate b	1 4	×	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR FOWN	COUNTY	STATE
20 4 5 20 4 5	11	10	220 L continue that (1) (the law	pital) attended the deceased	from A KIV	1801	noc.	280	AL - A 115 2 51
A 7 8 5	1 3		sow the deceased alive	(1)- (1)	19 8C , and that in	(my) (our) opinion d	leath occurred on the date	and how and from the	that (I) (we) I
E 8 17 7	2.0	1	abave, (I) (we) (did) (did) 22b. SIGNATURE	not) view the body ofter death.		(11) / (001) 0p			
9 t 9 d	0 1		ZZD. SIGNATURE	20/1/1/1	DEGREE	ATTENDING	MEDICAL STAFF		SIGNED
RAL SER	P 2-1		1 Nost		en MAD	PHYSICIAN [17/8
80 B 30	ATA		220 PHYSICIAN'S NAME (TYR	POR PRINT)	22e. ADI	DRESS	5	2 0/	11/2
X 1 4 4	101		1/11/00/11/1	11/11/11	1,1,		11 /	C1 /7 L	17

23b. DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 CEDTIEIC ATE OF DEATH

Item # 7a, G 622, 12/22/86 gbj

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

(SPECEY) Burial

24 FUNERAL DIRECTOR

Spencer E. Sewell Box 31 PrinceFred

Dec. 23-86Md. Veterans Cem.

23c NAME OF CEMETERY OR CREMATORY

COUNTY

23d. LOCATION

CITY OR TOWN

Cheltenham p

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

_, that (I) (we) lost

(2h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

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P. P.	e o	emo mot	r fro
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	+	y th	the
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	ATA	ed f	E
	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certifical be encuted within 24 haurs after degth.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending that can ame completely filled in by the funeral should be detached for use as the burnal-transit permit. Then please remove carbon use many ond 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or remove.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic even
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	HO	FU bold	OR
	Top	Show	X.

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

page 3

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DEC DECEASED NAME MIDDLE 2a DATE OF DEATH 2b. HOUR YPE OR PRINT! D. Howard Faison December 7, 1986 00 S. DATE OF BIRTH 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS May 17, 1897 Male White TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. North Carolina Baltimore City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 3600 Keene Ave. Stationary Engineer - Ret. (Residence USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13e STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore 3600 Keene Ave. 21214 YES TO 14 EATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Leona Perry Henry Faison 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT I HE YES, GIVE WAR OR DATES! 216-18-9329 Vivian E. Faison 3600 Keene Ave. 21214 Yes Mexican Border 18 CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOC YES T 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM STE CITY OF TOWN STREET STATE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased framsaw the deceased alive an and that in (my) (ayr) opinian death accurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 214 PHYSICIAN'S MAME (TYPE OR PRINT) 22e ADDRESS Dr. Donald W. Mintzer M.D. 3009 Evergreen Ave. Baltimore, Md. 21214 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Maryland Baltimore Dec 10 1986 Burial Moreland Memorial

Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND D

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		CEL	RTI	FICA	TE	OF	DEATH	

8 6 REG. 1	۷٥.	3	4	2/2	1	1
DATE OF DEATH	MONTH	DAY	YE	AR	26 HOU	2
	10	10	16	161	~ ~	20

	1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	HENE 3 6 3	4 0 1 1
23		CEASED NAME ORPRINT)	FIRST	= 2.	AIDOLE	Fei	NSilbER		3 1986 22 M
	3. SEX	Female		I. RACE	unite	5. DATE C	DAY YEAR	76 yrs.	FUNDER TYEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
0	C	RTHPLACE (STATEORF		b. CITIZEN OF V USA	A	WIDOWE	D DIVORCED	Baltimore C	OF DEATH MD.
2	В	TY OR TOWN OF DEA		(IF NOT IN SUC	ercy Ho	spital	OR OTHER INSTITUTION	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMaker	12b. KIND OF BUSINESS OR INDUSTRY
34	13a S	Md.	Calve	OTHER INSTITUTION, IY PT	134. CITY OR T	own ach	YES NO K	13e.STREET ADDRESS / ZIP CODE 4023 9th St.	P. 0. #532 20714
40	J# FA	THER'S NAME FIRST		King	LAST		15. MOTHER'S MAIDEN NA/ FIRST Evel	yn Jones	LAST
2		VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	4/12-/	ECURITY NO.	Mrs. Doris F	einsilber	
		18 CAUSE OF DEAT PART I. DE ATH W	'AS CAUSED	y one coûse per BY: CAUSE (a)	line for (0), (b)	ond (cv.)	Q collaps-	٩	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Z CLUS
	Z	Conditions, if ony, gove rise to imr cause (o), stotin underlying couse	nediote ig the lost.	(b) DUE TO, OI (c)	R AS A CONSE	OUENCE OF	al in Face	INAL DISEASE OR CONDITION GIVE	N IN PART 110
2	CERTIFICATION	190. DATE OF OPERA	6	Perip	heral an	tery di	N WAS PERFORMED SLUSL, LEG VILL	R YES NO NO YES	
9	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED (AT HOME STREET, FACT			M. MONTH M. OF INJURY	19	21c. HOW INJUR# OCCURE 211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	COUNTY STATE
		220.1 certify that (I) saw the decharacter (I) (write) 22b. SIGNATURE	this haspit	/2//	5 1	9 86 , or	nd that in (my) our opinion of	to 12/10 Ideath accurred on the date and hour	9, that (II we lost and from the causes stated
/		22d. PHYSICIAN'S NA	AME (TYPE OF	erman Teim	an		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/10/86 30/57 foul
	- (urial, cremation, Burial	REMOVAL	23b. DATE 12/15			EMETERY OR CREMATORY Cemetery	Lansing N. C.	
04	29 PL	INERAL DIRECTOR			12.000		238. DAI	E REC'D. BY REGISTRAR 256. REGISTE	CAK 3 SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

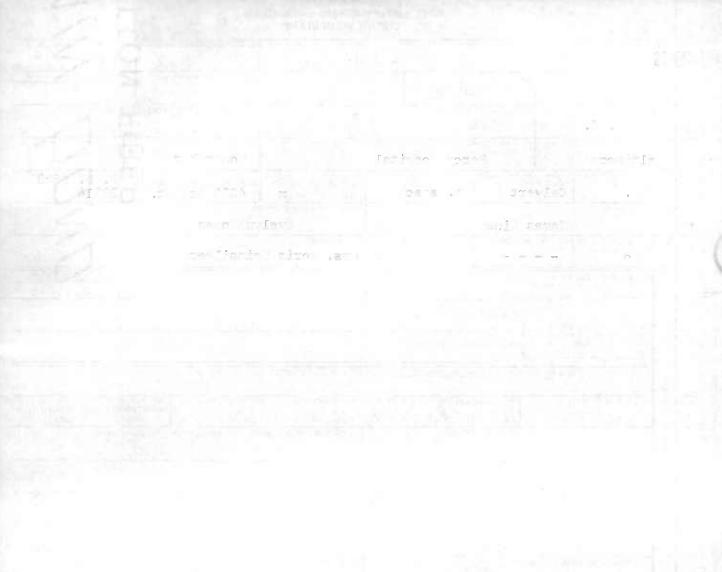
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detoched for use as the buriol-transit permit. Then please remove cortest with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or terminate the state of
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physician

BP

MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd. 12-16-86



	FOR 1 - STATE REGISTRAR FLORA	DEPARTI M. FEMLING	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6 3 4	13/3				
O & Z DEC	I. DECEASED NAME FIRST	MIDDLE	PENLING	20. DATE OF DEATH MONTH DAY	1986 SEAM				
Poge 4 may director. pagaus affer de	3. SEX FERME	CANCASIM!	5. DATE OF BIRTH MONTH DAY O7 27 1905	6 AGE (IN YEARS LAST BIRTHDAY) IF UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.				
hood die	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DI	EATH MD.				
by the full with	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADMISSION)		KIND OF BUSINESS OR DUSTRY				
24 hou 24 hou ould be must be	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN	OTHER WISH TUTTON GIVE RESTDENCE BEFORE 13c. CITY OR TOW READ TO THE COMMENT OF	YES NO	13e STREET ADDRESS / ZIP CODE	21217				
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7	16a WAS DECEASED EVER IN U.S. AR (yes, no or unknown) (if yes, giv	MED FORCES? 16b. SOCIAL SECU E WAR OR DATES) 212 07	(700	ADDRESS ing, P.O. Box 74	.Kingfield				
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ottendin ter this c s the bur h and Me	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211. LOCATION STREET 30, Mc Me		OUNTY STATE				
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ALOR A the hos ALDIRE deteched deteched ote Dept.	27b. SIGNATURE	-M. L.	DEGREE CERTIFICATION ATTENDING PHYSICIAN	PYED BY MEDICAL EXAMINER MEDICAL STAFF DIRECTOR PHYSICIAN	14 YVICE				
to HOSPITAL etoined by 1 TO FUNERAL should be de with the Stote MAPORTANT:	22d PHYSICIAN'S NAME (TYPE O		7640 FUS	OS UME 21215					
BP	230 BURIAL, CREMATION, REMOVAL Burial	12/27/86 M	NAME OF CEMETERY OR CREMATORY Moreland Memoria						
OHMH - 16 60M 7/B4 (VRA 15, 4)	3331 Brehms L	Home, ADJ no ane, Balto., Mo	•	E REC'D. BY REGISTRAR 256. REGISTRAR'S	SICNATURE				

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IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the

STATE OF MARYLAND

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-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	GIENE 8 6	3 4	4 3	1 9	
	1. DECEASED NAME FIRS	T .	MIDDLE		LAST	2a DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR	
	John		Ferg	usor	1	12/13/86	Ś		6:36	
	3. SEX	4. RACE		5. DATE		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS	
	Male	Black		877	2/18 YEAR	68	YRS. MONT	HS DAYS	HOURS MIN.	
	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH		
r	N. Carolina	a U.S.	A .	WIDOWI		Baltimo	re, Md.		M	
	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT		26. KIND OF	BUSINESS OF	
-	Balt, City	130	O E. Lar	vale	St.	Labor-re		used	card	
10	USUAL RESIDENCE (IF NURSING HO 130. STATE 13b. C	OME OR OTHER INSTITUTION	Balt.	ADMISSION)	134 INSIDE CITY LIMITS?	1300 E	Lanvafe	2/2 st.	13	
e de la	14 FATHER'S NAME unk . FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST		
	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) UF.Y	S. ARMED FORCES? ES GIVE WAR OR DATES)	216-34-		Mary Fer	guson-1300		vale	St.	
	18 CAUSE OF DEATH (Ent	er only one couse per	line for (a), (b), and	(C)				APPROXIMA BETWEEN ON	ATÉ INTERVAL ISET AND DEATH	
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	Conditions, if any, whice gove rise to immediate couse (a), stating the	(b) (b)	DUE TO, OR AS A CONSEQUENCE OF (b) VENTRICULAR ARRITYTHMIA. DUE TO, OR AS A CONSEQUENCE OF						INUTES	
	underlying couse los	underlying couse lost. (c) ISCHEMIC ITEART DISEASE							5 YEARS	
	PART 2. OTHER SIGNIFICA	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								
2	199 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	19b. COND	TION FOR WHICH (OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES O	S USED F DEATH?	
2	OR CONTRIBUTING _ CAUSE ((IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)		
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	22a.1 certify that (1) (this to saw the deceased alive above, (1) (we) (did) (did)	re on octobe	er 6, 198	b or	nd that in (my) (aur) apinion (death accurred on the de	. 17		ot (I) (we) los uses stated	
	22b. SIGNATURE Robert	- a. Lile	ms		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F	22c. DATE SIG	.lc	
	POBOCT	ANDREW (LUKE, ME	2	JOHNS H	OPKINS Hos	PITAL			
	230. PURIAL, CREMATION, REMO	OVAL 735 DATE	23c. N.	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	11 00	UNITY	TI word	

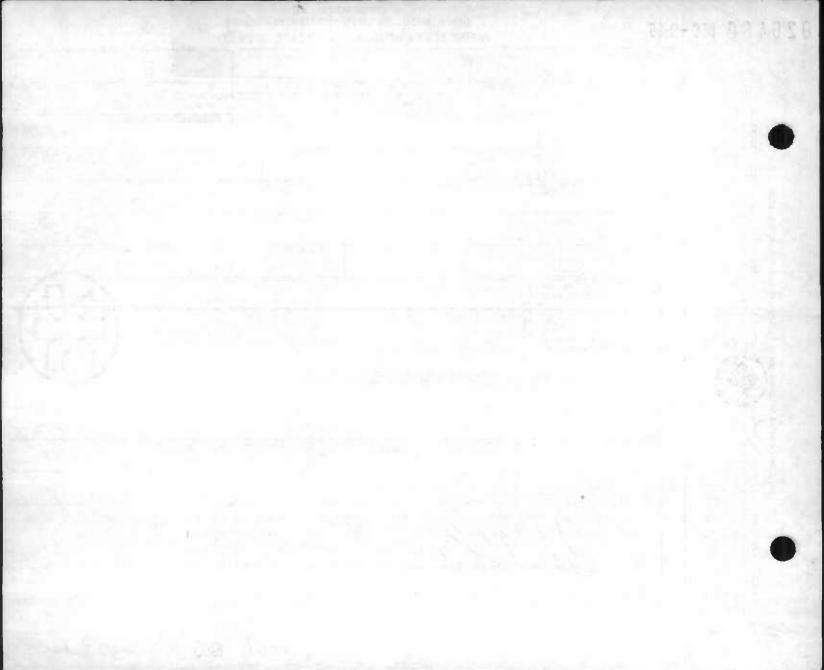
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DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

1250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEC 15 1986



STATE	OF	MARY	IAND
JIMIE	VI	MAN	LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	ıy be	oge 3 death		TYPE		HLEEN I.	F11	VA N		12 21 8	26 33° M
	пре 4 то	rector. p	-	3. SE	Emale RTHPLACE (STATE OR FOREIGN)	1. RACE White The CITIZEN OF WHAT COUNT	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR 6 7 9. BALTIMORE CITY O	YRS MONTHS E	DAYS HOURS MIN.
	10	100	25	M	1. U.S	USA	MARRIE		BALTIN	TORE C	ITY MD.
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AND 21	n 24 ho	ed RIDD	彩	130. S	ARYLAND An	or other institution give residence be inty Aundel Gent	OWN BULLE	13d INSIDE CITY LIMITS?	1527 F	U61 GLE ZIP CODE VRNACE	177377
BALTIMORE, MARYLAND 2120	red withi	Sand 23	12	2	THER'S NAME FIRST WILLIAM	MIDDLE WARFI		15. MOTHER'S MAIDEN NA KATHLET	WIDDLE	- THOM	PSON
TIMORE	be execu	an and c	2		/AS DECEASED EVER IN U.S. A 155, NO OR UNKNOWN) (IF YES, O		5752.	Kathleen M	ADDRE Martin, Sam	e as abo	
7	Micote	or oper	event, th		PART I. DEATH WAS CAUS	anly one cause per line for (a), (b) ED BY: ATE CAUSE (a) CART		SPIRATOR		ST	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ESTON	Sth C	de cont	roumotic		Conditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF	Pulmonery ACUTE 1	Embolys	14 LARCE LIC	رين
M. PS	thet the	d b eos	or other t		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF	DIC			
ORDS, 20	requires	en signe Then pl	injury, o	NOI	PART 2 OTHER SIGNIFICANT SEPT	CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM		DITION GIVEN IN PAI	RT 11a
AL RECO	The low	has be	2/	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO		YES NO	20b. IF YES, WERE FI IN CERTIFYING CAI YES	USES OF DEATH?
I OF VIT	SICIAN	ophysicial certificate h rial-transit pental Hvaien	Item 18 s		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMINATION)	PAIN	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PAR	RT 2)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	NG PHY	offer this os the but	orkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		211 LOCATION STREET	CITY OR TO	WN COUNT	TY STATE
	ATTEND	CTOR: A	n 21 is me		saw the deceased alive a above, (I) (we) (did) (did r	pital) attended the deceased from 12-21- 6 1 n_12-21- 6 1 not) view the body after death.	9, 01	nd that in (our) opinion	death occurred on the do		
	TAL OR	RAL DIRE	7. If Her		Patrice	5 Stead			MEDICAL STAF	E /	2-21-86
	NOSPI	O FUNER	MPORTA		PATRICIA	STEADMAN	,	1	UTH HANG	OVER S	T 2123
	F	E - N 3	-	23a. E	URIAL, CREMATION, REMOVA	L 23b. DATE	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR E. Patapscos Ave. Funeral Home, Balto, Md. 21225 McCully

Burial

12/24/1986 Glen

Haven Mem. pk. Glen Burnie, A.A. Co. Md.

1250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DEC 23 1986

Julia Dander Leader

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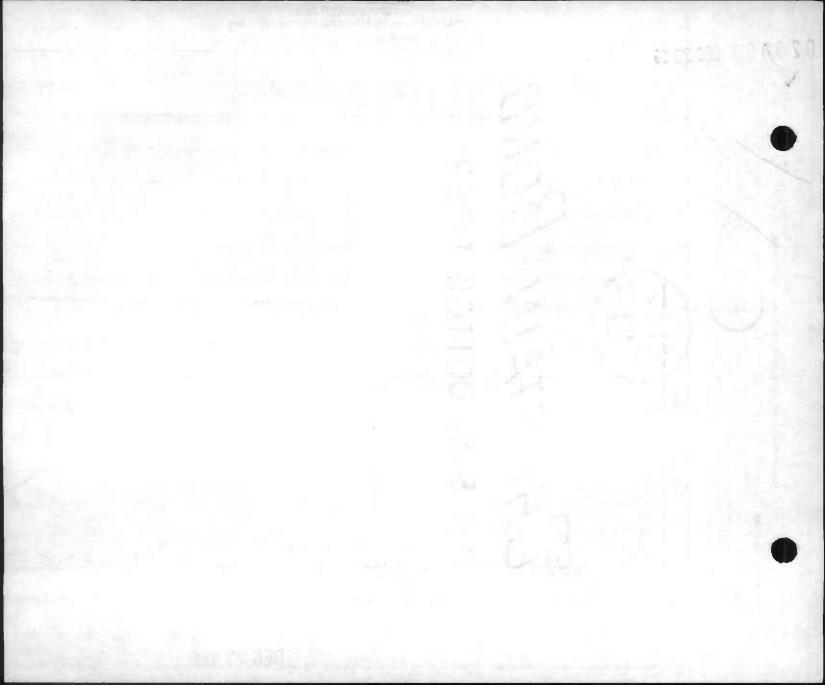
028093 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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SEC.	M:	ale	White	9 23	16	70 Y		S DAYS	HOURS	MIN P	RONOUNCED	12-	-18-8619	1	0AM
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		REIGN COUNTRY)		United	State	20	WIDOW		VER MARRIE	-	Baltim	oro Ci	+		
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588 Z		ES, NO, OR UNKN	OWN) (IF YES, GI	VE WAR OR DATES)										21:	207
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NA PERS		lying ca	use last.	(c)											
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THE STATE	MEDICAL	21d INJURY	The state of the s	21e PLACE C		19 (AT HOME,	21f LOC	ATION							
25.50	M	WHILE	NOT WHILE	STREET, FACT	ORY, FARM, E	TC.}	S1	REET			CITY OR TOWN		COUNTY		STATE
PAN STATE		AT WORK	AT WORK								petiting				
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# B E E		death resul	ted fram: Not	tural couses X	Accident	L, Su	icide .	Hami	cide .	Undeter	mined monner	,			
AVEC			(1)		1 0	JI .		TITLE (S	SPECIFY)						
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CHEES!		TYPE OR PR		Margarita /	Ko	rell I	V.D.	ADDRESS_		111 P	enn Str	eet			
24643	23o. B	URIAL, CREMA	TION, REMOVAL			NAME OF CEA				23d. LOC	- Paradian de la companya del la companya de la com		OUNTY		
	(:	B B	urial	12/22/86	St	. Alph	onsus	Chu	rch CF	IN We	odstoc		1timor	e MI	
	24. FI	UNERAL DIRE	CTOR Lorin	g Byers Fu		Direc	tors	Inc	250. DATE R	EC'D. BY R					
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	-					,				Val			The same	2	



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEMBED NAME FIRST MIDDLE 2n DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) 86 1655 12 MILDRED M. FINNERAN 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH MONTH YEAR FEMALE WHITE 07 YRS JOSIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED [] DIVORCED BALTIMORE CIT 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR INDUSTRY Produce (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! BALTIMORE St. Agnes Hospital Owner/Operator Business USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE H3b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore Maryland Catonsville NO Ex 6151 Northdale Road PATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST FIRST Henry Hendrix Cora Baer ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 215-10-3836 NO Dolores M. Higgs 4913 Wilkens Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE STREET NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CATON AVENUE BALTO. MD. 21229 900 S 230 BURIAL, CREMATION, REMOVAL 23b DATE 23r. NAME OF CEMETERY OR CREMATORY I SPECIFY! CITY OF TOWN 2/20/86 New Cathedral Cem Buria] Baltimore

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(VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

Maryland 250 DATE REC'D. BY REGISTRAP 256 REGISTRAR'S SIGNATURE.

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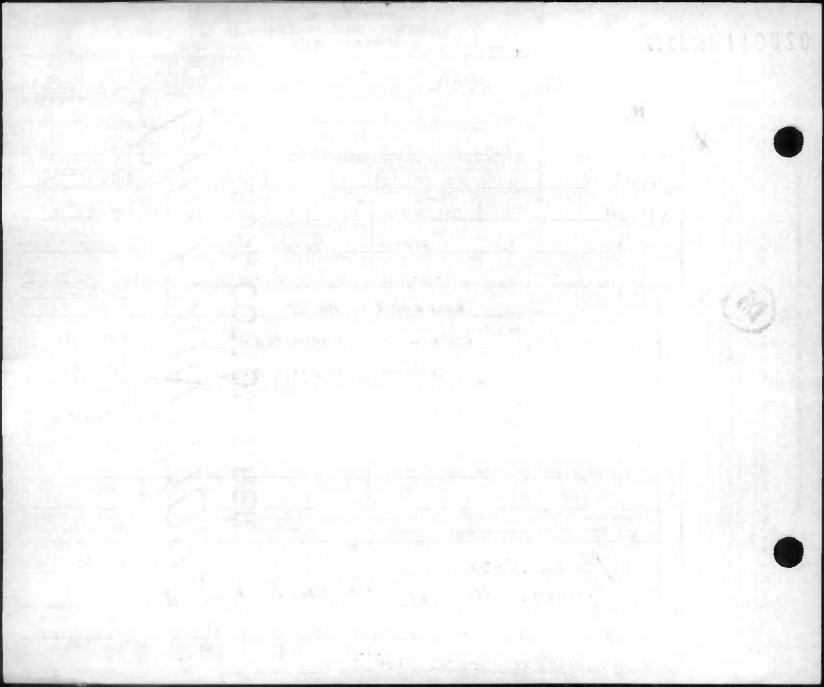
STATE OF MARYLAND

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а		CEASED NAME FIRST	٨	AIDDLE	L	AS1	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	[1146	. DONA	AT.D	HOWARD		FISCHER: SR.		12-	18-81	0150 AM	
	3. SE		4 RACE	IICWAIND	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
		MALE	WHITE	2	MONTH 1	DAY YEAR 4 22	64	YRS	MONTHS DAYS	HOURS MIN	
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8		9. BALTIMORE CITY		TY OF DEATH		
		arvland	II.S.	7\	WIDOWE	DINEVER MARRIED DINORCED	Baltim	_		440	
-00		ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12h KIND O	OF BUSINESS OR	
(}	Baltimore	St. A	HEACILITY, GIVE STREE Agnes Hos	spital		(TYPE OF WORK FOR MOST Salesman	OF WORKING /Truc	k Driver	Fuel-Oil	
1	USU/ 13a. S	AL RESIDENCE (IF NURSING HOM STATE 136. CO		GIVE RESIDENCE BEFOR		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CO	DE		
	Ma	aryland -		Baltir	nore	YES X NO		any St		1229	
7	14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS		
od [©]		Charles	F.		ischer	Minerva	MIDDLE		Rew		
		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDI	RESS			
	- (W II	215-14-	-5154	Dorothy L.	Fischer 3	367 DI	ulany St		
-		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU		MATE INTERVAL ONSET AND DEATH							
		IMMED	1776	10.45							
		Conditions, if any, which	no	100							
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	TIFI						YES NO YES NO NO				
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		saw the deceased alive	an	after death	, ar	d that in (my) (our) apınıan	death accurred on the	date and ha	aur and fram the	causes stated	
		abave, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE								SIGNED	
		Mach	That			ATTENDING PHYSICIAN F	MEDICAL STA	AFF	12/1	8/86	
		224 PHYSICIAN'S NAME (TY	PE OR PRINT)				res Mospitas				
		11/41	AGL SI	MORTAL	1	900 Caton R.	e Ballimore	Mos			
		BURIAL, CREMATION, REMOV	AL 23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
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	24 FL	UNERAL DIRECTOR		ADDRESS	2.	1229 "nF	REC'D BY REGISTRA	R 251 REGIS	STRAR'S SIGNAT	URE.	
	H	ubbard Funeral	Home, Ir		_		1 9 1300	4			

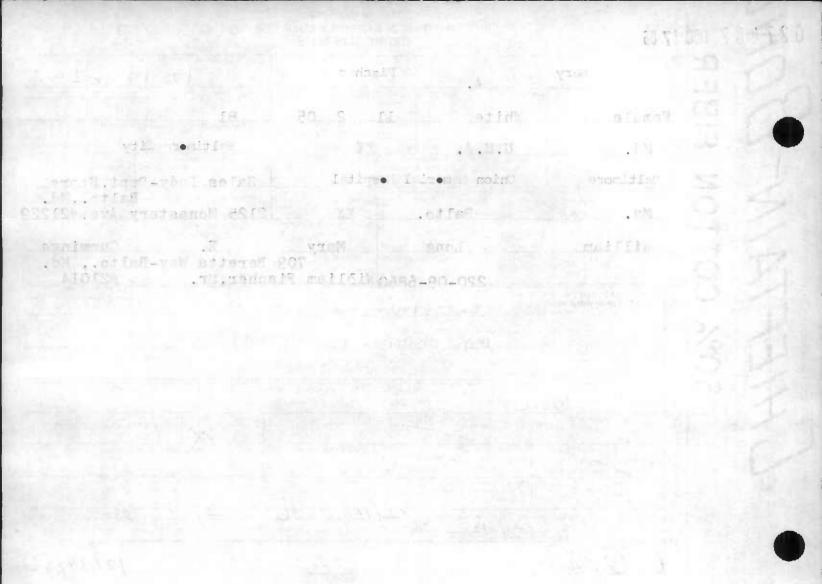
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STATE OF MARYLAND

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de de	1 10 C	ITY OR TOWN OF DEATH	U.S.A.	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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low low s be print print s on)	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
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SICIAN: T ng physici certificote oriol-transi trem 18 sh	.0.3	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF IN)URY IN ITEM 18	PART (OR PART 2)
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PHYY endir this he buy and M.	MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
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TTEN Pitol For u	10	sow the deceased olive an obove, (1) (we) (did) (did no	att view the bady after death.	and that in (my) (aur) apinion	death accurred on the date and ha	our and from the causes stated
OR ATTEN e hospitol DIRECTOR, oched for ur Dept. of He	15	12 SIGNATURE		DEGREE		22c. DATE SIGNED
. 4 . 4	1	(19712	5-	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/14/86
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OH BER SO		DAVID A	. FLICK	Union N	Memerial Hospital	
To To Sho	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		(SPECIFY)		[ew Cathedral Ce	CITY OR TOWN	Md.
	2/NF	Burial "Truman" Schwa		to.Nat'l.Pike 25a.DA		STRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	G	· TTWINGTI DCIIMS	\$2122	O.Hau I.IIA	DEC 1 0 1990	a Diordoon-Kandallo
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	DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & & 3	4 5 6 0
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A	M	FISHER	12/0	1/86 1400 _{p m}
4	White	S. DATE OF BIRTH MONTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS	FUNDER LYEAR IF UNDER 24 HRS
OREIGN 71	CITIZEN OF WHAT COUNTRY	72 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	Y OF DEATH MD.
TY	(IF NOT IN SUCH FACILITY, GIVE STREE	Hospital	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126. KIND OF BUSINESS OR INDUSTRY
131 COUNT	OTHER INSTITUTION, GIVESIDENCE BEFORE 131. CITY OR TOVE 131. CITY OR	H City YES NO		nester Ave. 21043
F	Umore Tip	15. MOTHER'S MAIDEN N	Genette	Canapp
	MED FORCES? WAR OR DATES) ARD-70		her 2406 West	chester Aug 2104
H (Enter only (AS CAUSED) IMMEDIATE	Λ	Inferior MI		BETWEEN ONSET AND DEATH
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nediate ig the last	DUE TO, OR AS A CONSEQU	UENCE OF		
NIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1:a
TION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \text{\tiliex{\text{\texi}\text{\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\texi}\text{\text{\text{\ticr{\texi}\t
DERLYING	HOUR A.M. MONTH D	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM IS	PART T OR PART 2)
RED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION STREET	CITY OF TOWN	COUNTY STATE

190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED WHILE NOT WHILE

19 80 , that (1) (we) lost 22a.1 certify that (1) (this haspital) attended the deceased fram. and that in (my) (our) apinian death occurred an the date and have and from the causes stated 12/1/86 226. SIGNATURE DEGREE

274. PHYSICIAN'S NAME (TYPE OF PRINT) SONMEZ

22e. ADDRESS 500 N. Polling

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) 5 Dec. 86 Busia

Good Shepherd Cem

24 FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR DECEASED NAME

CONNECTO

Mal H FATHER'S NAME

EDNA

70. BIRTHPLACE (STATE OR FOREIGN

II. CITY OR TOWN OF DEATH LTIMORE

(YES, NO OR UNKNOWN)

No

CERTIFICATION

ORTANT

DHMH - 16 60M 7/B4

(VRA 15, 4)

SUAL RESIDENCE (IF NURSING HOME OR OTHE

160, WAS DECEASED EVER IN U.S. ARMED

Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CON

18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY

Francial Home

ADDRESS BOX 268 Ellicott City, Hd. 216

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025610 DEC	-12	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		4001
in other seath. Page 4 may be from the control director, page 3 from 572 hours after death	3 SE 7a. B	Ŧ	L RACE L CITIZEN OF WHAT COULD L S A 1. NAME OF HOSPITAL, N (FNOT IN SUCHFACILITY, GM N L WARS 2 Y	MARRIED HEVER MARRIED ! WIDOWED DOWNCED NURSING HOME OR OTHER INSTITUTION E STREET ADDRESS) HOS 21 TH. (). OF MI	6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY	MD. 11b. KIND OF BUSINESS OR E) INDUSTRY
ALTIMORE, MARYLAND 9, 1e be executed within 24 to icion and completely from pors. Pages 5 and 2 shot of the medical examiner o	14. F.	ATHER'S NAME FIRST MAS DEGREES EVER IN U.S. ARM YES, NO ATTHER SOWN (IF YES, GIVE	IDDLE AND FORCES? 166 SOCIA WAR OR DATES)	ISECURITY NO. 17 INFORMANT SELECTION IN INFOR	NAME MIDDLE	2(23 4 DALLAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201 W. PRESTON ST., B. low requires that the death certifica is been signed by the attending phys ermit. Then please remove carbonope e prior to buriol, cremotion, or remove sony injury, or other traumatic event.	CERTIFICATION	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED MAREDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO. The DATE OF OPERATION CARP	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) DUDITIONS CONTRIBUTION POOR UNIVERSAL CON CONTRIBUTION CONT	ISEQUENCE OF ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE TEI WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	30 min.
DIVISION OF VITAL RECORDS, PITAL OR ATTENDING PHYSICIAN: The low requir by the hospitol or ottending physicion. ERAL DIRECTOR. After this certificate has been sig e detacched for use as the buriolitronsis permit. Then State Dept of Recith and Mental Hygiene prior to b ANT: if them 21 is marked or item 18 shows any injury	MEDICAL CERTIF	21a ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospital south of the deceased alive on the deceased alive of the deceased alive on the deceased alive of the dece	P.M. 21e. PLACE OF INJURY (All HOME, STREET, FACTORY, C	TH DAY YEAR 19 21f LOCATION STREET from 19 21 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	VES NO YES JRRED (ENTER NATURE OF INJURY IN ITEM 18 P. CITY OR TOWN On death occurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE
TO HOSPIT. TO FUNER, should be a with the Std with the Std	230.	SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL SPECIFY)	23b. DATE 12-2-86	270 SOURESS PAR 230. NAME OF CEMETERY OR CREMATOR' Druid Ridge Cemeter		1201 1400 Md. STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Falls Rd 365		ATE REC'D. BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE DEVILOPE LANGUE

10 2 3 11 11 11 11 11 11 11 11 350 0 350 X 350 X 10 330

(VRA 15, 4)

120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GULF Accountant 13e.STREET ADDRESS / ZIP CODE 317 leighton Avenue 20901 McAloon 3513 Westwind Drive Silver Spring, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [(EN ER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN MD/ BALTO Brentwood Pr. Geo. 24 FUNERAL DIRECTOR Francis J. Collinspers Jr. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAN'S SIGN OURD 500 University Blud. W. Silver Spring

YEAR

1986

IF UNDER 1 YEAR

CITY

2b HOUR

1:32M

IF UNDER 24 HRS

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STATE OF MARYLAND DEDADTMENT OF HEALTH AND MENTAL HYCIENE

- STATE	DEFAR	CERTIFICATE OF DEATH	REG. N	10.
T-DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
(TYPE OR PRINT)	rles	Flowers		12 21 86 4:40AM
3 SEX	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIR	
Male	White	July 27, 1962	84	YRS. DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED		OR COUNTY OF DEATH
Maryland	U. S. A.	WIDOWED DIVORCED [Baltimore	CITY,
Baltimore	Union Memoria		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Brickle	DE WORKING LIFE) INDUSTRY
	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFO OUNTY 13c CITY OR TO Balti	WN 113d INSIDE CITY LIMITS?		/ ZIP CODE tpelier St. 21218
Not Known	MIDDLE LAST Flo	owers 15. MOTHER'S MAIDEN N	MIDDLE	Morrow
160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (1F YE	s. ARMED FORCES? 166 SOCIAL SEC S. GIVE WAR OR DATES) 217–09–		ADDR Perrera 602 M	Montpelier St. 21218
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE (c) DUE TO, OR AS A CONSEQUENCE (c)	operatory tail	RMINAL DISEASE OR CON	206. IF YES, WERE FINDINGS USED
RIFIC	and the state of		YES NO X	IN CERTIFYING CAUSES OF DEATH? YES NO NO
21a. ACCIDENT WAS UNDERLYING		DAY YEAR	JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER 21e. PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram and that in (my) (our) opinion death occurred on the date and haur and from the causes stated DEGREE

mo

231 NAME OF CEMETERY OR CREMATORY

Gardens of Faith

226 SIGNATUR

23b. DATE

MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

Steven Crawford, M.D.

Union Memorial Hospital 23d. LOCATION

	(SPECIFY)	Buria:	1
-			-

4 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Baltimore, Maryland Leonard J. Ruck, Inc.

Dec 23 1986

Baltimore

Maryland

DEC 22 1986 Julia Trais

BP.

TO FUNERAL DIRECTOR. After should be detached for use os with the State Dept of Health with the State Dept.

MPORTANT

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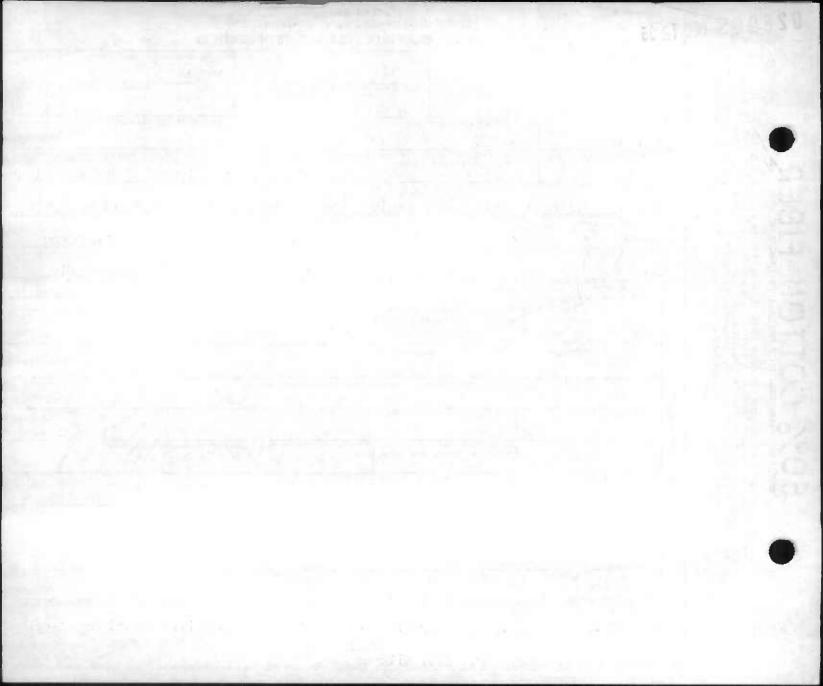
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	E STE		ale		MONTH DAY	YEAR 29	57 YRS	MONTHS		HOURS	MIN PRONC	DUNCED	10	0 00	6:50A
	SEAL DIS		RTHPLACE (S	White	June 16						9 841		12	9 1986 Y OF DEATH	M
	NECESSARY, PLEASE UNESAL DIRECTOR S FOR YOUR FILES WITHIN 77 HOURS FRESTON STREET	FO	reign COUNTRY	1	USA	THE COURT		MARRIE	D NEVE				_	TO DEATH	
	and the second		TY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL NUR				DIVORCE	12a. USUAL OC	CUPATION (126 KIND OF BI	JSINESS
N	群 第	1		- 1	(IF NOT IN SUCH F	ACILITY, GIVE ST	REET ADDRESS)					WORKING LIFE)		OR INDUST	
/1	SC Z SC	USUA	Baltimo:		Francis other institution of	SCOLL SIVE RESIDENCE I	Key Me	Garce	it cen	cer	Truck [river		Motor Fi	elgnt
2120	ANN AND AND AND AND AND AND AND AND AND		ryland	Anno	Arundel		OR TOWN Burnie		3d. INSIDE CITY		104 M		was Dw	i 21	0.61
D. 2	= 25.8.32		ATHER'S NAME	Twitte	ALUIUEI	Gren	DULTIL		15. MOTHER	NO K		ng Geo.	rge Dr	ive, 21	061
BALTIMORE, MD.	URS AFTER DEATH. III. 8. GIVE PAGES 1, 2, WITH FORM PM 3. T. PAGES ("AND 2 SE DAMISION OF WALLE	17	Howard		James	-	ale		Nada	T	TITAME	WIDDIE		LAST	
08	2028/20	160 V		DEVER IN U.S. AR			IAL SECURITY	NO.	7 INFORMA			ADDRE		Colbour	ie
MITI	B. GIVE PAR WITH FOR T. PAGES DIVISION		NO OR UNKNO		WAR OR DATES)		22-199		Nanar	II E	ogle, 1	OA Vin	or Cook	on Desi-	***
*	124 HOURS AFI TITEM 18. GIVE ALONG WITH F T PERMIT. PAGE (GIENE, DIWISIC DVAL.			F DE ATH (Enter or	nly ane cause per lin			1	Ivaricy	п. г	oqie, i	-04 KII)	ig Geor	APPROXIMAT	FINTERVAL
ST.	A 18 MI V KE, E		PARTIDE	ATH WALL CALLER	D BY: TE CAUSE (o) Ar			ia a	rdiou	20011	ar dice	200		BETWEEN ONS	T AND DEATH
NO	N 124 HO N ITEM 1 ALONG IT PERM IYGIENE,			IMMEDIA			SEQUENCE OF		ILUIOV	ascul	ar urse	case			
W. PRESTON ST	HIN IR A ICHY IEMO	10		ns, if ony, which											
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	UTED WITHII EXAMINER SIAL - TRANS D MENTAL HOON, OR REA		lying cau	se lost.	/										
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OF VIT	MENT WORK	EN C		L CAUSE WAS	216 TIME C		DAY YEAR	21c. HO	W INJURY O	CCURRED	(ENTER NATURE C	F INJURY IN ITEM	18 PART 1 OR PAR		
NO	CERTIFICATE (ITING THE WCDED TO THE E 3 SHOULD B) DEPARTMENT IN PRIOR TO B)	N N	UNDERLYING	OR CAUSE OF			19								
DIVISION	ED 1 SEPA	MEDICAL	21d. INJURY C	CCURRED		OF INJURY	(AT HOME,	21f. LOC	ATION						
ā	WRITE C GE 201	\$	AT WORK	NOT WHILE] SIREEL, FA	CTORT, PARM, ET	C.J	311	CE I		CITY OF	RTOWN	CON	NIY	STATE
	INER: THIS CERTING CATE, WRITING FORWARDED TOR: PAGE 3 SHOW THE STATE DEPARISHED TOR: AND, 21201 PRK		22a Least	by that I tank char	ge of the remains de	scribed abov	a hald an	Autapsy	X	Inspection	. Inqu		and in my opi		
	ICAL EXAMINER: 1 THE CERTIFICATE, SHOULD BE FORV ERAL DIRECTOR: F EATH, WITH THE SI ORE, MARYLAND, SI		death result	,	rol causes X.	Accident	Suic		Homicid		Undetermined		and in my opi	INION	
-	CAM IREC VITH ARYL		deally result	14010	TOT COUSES (22).	Accident	L., 3010	ide L,	TITLE (SPE		Onderermine	I moinier [J.		
	A.V.		ACTUAL SIGNATURE	711	11-	1		AA I	,		 MEDICALEX	AAAINIED	DATE	12/9/	/86
	SEA SEA	12	1		//						MEDICALE	AMINER	SIGNEL		
	S S S S S S S S S S S S S S S S S S S		EXAMINER'S (TYPE OR PRI	NAME W:	illiam M.	Zane,	M.D.	A	DDRESS	111	Penn St	. Bal	to.MD.		
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2	23a.B	URIAL, CREMA	TION, REMOVAL	23b. DATE	23c. N	AME OF CEM	ETERY OR	CREMATOR	Υ	23d. LOCATIO	N	COUN	TY c	TATE
07/84	BP		Cremat		12/13/8	6 Se	curity	Proc	ess Ci	rem.	Catons	ville		more Ma	
25M	DHMH - 17	24. F	UNERAL DIREC	TOR	ADDRES	s	2	1229	250	a. DATE RI	C'D. BY REGIS	TRAR 256 RE	GISTRAR'S SI	GNATURE	
	(VR A15 ME (5))	Hu	ibbard I	Tuneral H	Home, Inc				ve.	12-	11-86				



IMPORTANT: If them 21 is marked at them 18 shaws

DHMH - 16 50M 4/83 (VRA 15, 4)

-- STATE OF MARYLAND

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	918	FOR TSTATE REGISTRAR		DEPA	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 3 4 5 9						
		CEASED NAME FIRST	,	MIDDLE		AST		MONTH	DAY YEAR	2b. HOUR	
	TYPE	ORPRINT) NELLI	F	J.	FOL	EV		12.	30 86	11 pm	
	3. SE		4. RACE		S. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
		F	Whit	te	MONTH	DAY YEAR 21 1889	97		MONTHS! DAYS	HOURS MIN.	
.26	76. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8		9 BALTIMORE CITY C	YRS.	Y OF DEATH		
4	(Maryland	USA		MARRIE	D NEVER MARRIED DIVORCED	Baltimor			MD.	
		ITY OR TOWN OF DEATH			RSING HOME	OR OTHER INSTITUTION	12ª USUAL OCCUPATI	ON	126 KIND O	OF BUSINESS OR	
	100	Baltimore		rch Ho			Homemake	r WORKING LI	FE) INDUSTRY	1100	
1	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU	R OTHER INSTITUTION, NTY	13c. CITY OR T Balt		134. INSIDE CITY LIMITS?	3501 St.			1218	
		ATHER'S NAME	MEDDIE	LAST		15. MOTHER'S MAIDEN NA			ŁAS		
2		Frederick Schne	eider	(A3)		Arami	nta Maloney		EA3		
	16a V	WAS DECEASED EVER IN U.S. A		166 SOCIALS	SECURITY NO.	17. INFORMANT	3909 Caffe		Rd.		
	1	YES, NO OR LINKNOWN) (IF YES, G	IVE WAR OR DATES)	220-4	4-3277	Anne Warner	Baltimore,	Md.	21218		
		18. CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b)), and (c).)				BETWEEN	MATE INTERVAL ONSET AND DE ATH	
		PART I. DEATH WAS CAUS	EĎ BY: (TE CAUSE (a)	CALL	inular	maky and	rest				
		IMMEDIA		2 10 1 50 105	1						
		Canditions, if any, which	DUE TO, O	R AS A CONSE	EQUENCE OF						
		gave rise to immediate cause (a), stating the	(0)								
		underlying cause last	DUE TO, OI	R AS A CONSE	QUENCE OF						
		PART 2. OTHER SIGNIFICANT	147	ONTRIBUTING	TO DE ATH BUT	NOT RELATED TO THE TERM	VIN AL DISEASE OR CON	DITION GIV	VEN IN PART 140	a a	
	Z	animia).	DOIANER	1) dink	12/14).	dispatiento	101.0				
	AT	19d DATE OF OPERATION	19 COND	ITION FOR WE	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?			, WERE FINDINGS USED	
L	CERTIFICATION						YES TI NON		FYING CAUSES ES	OF DEATH?	
5	ER	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR	924				
7		OR CONTRIBUTING CAUSE OF DE	AIII		DAY YEAR	44					
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e. PLACE		19	211 LOCATION					
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFF	FICE, FARM ETC 1	STREET	CITY OR TO	WN	COUNTY	STATE	
		27a 1 certify that (I) (this hasp	utal attended th	a deceased for	om to	14 19.75	10 /2/3	30	10 860	that (l) (we) last	
		saw the deceased alive a above, (1) (we) (did) (did n	12/3	0		nd that in (my) (aur apinian	death occurred an the d	ate and has			
		226. SIGNATURE	V 1	dilei dedili.	Α.	DEGREE			22c. DAJE	SIGNED	
		Say	Mul	7 1	1)	ATTENDING PHYSICIAN	MEDICAL STA		12	171	
	1	226 PHYSICIAN'S NAME LYPE	OR PRINT)			27e. ADDRESS		7			
		GARY KI	RUH			CHURCH HO	SPITAL				
	23a. E	BURIAL, CREMATION, REMOVA			23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
		Burial	Jan. 5	,1987	New	Cathedral	Baltimo	re Ci	ty, Mar	STATE Trand	
		UNERAL DIRECTOR			(500		E REC'D. BY REGISTRAR	256. REGIST	TRAR'S SIGNAL	URE	
	Mit	tchell-Wiedefel	d Home.	Ing. B	alto		17 = 1987	Julia d	Jenden K	andalle	

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

Andreas Contract Cont

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EPARTMEN	TOF	HEAL	TH AND	MENTAL	

HYGIENE 3 CERTIFICATE OF DEATH

Julia Divideon Randales

STATE REGISTRAR REG. NO. 1. DECEASED NAME LAST 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) **JEFFERY** FORAKER 3. SEX 4 RAC 5. DATE OF BIRTH 6. AGE (IN YEARS LAST RIRTHDAY) IF UNDER I YEAR HENDM Mar. 7, 1965 White Male BIRTHPLACE I STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED USA Ohio Baltimore City WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) ISTRY Baltimore University Hospital Contract Work Contracting USUAL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

131. CITY OR TOWN 13. STREET ADDRESS / ZIP CODE 26 Pennsylvania Ave. 21157 13d INSIDE CITY LIMITS? Westminster Carroll MD YES [NO TX 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE M. MIDDLE Della Wheller Foraker Gerald ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 292 66 4316 Bryan Funeral Home, Ohio 18. CAUSE OF DEATH (Enter only one cause per line to) (a), (b), and to PART I. DEATH WAS CAUSED BY: Curderad IMMEDIATE CAUSE (a. Canditians, if any, which gave rise to immediate DUE TO, OR PER LEGISEOUENCE DE Autorialle cause (a), stating the underlying cause last. INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS discore 196. WINDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? THE DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? uplined subdevices oneweston 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH, DAY! YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED for 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NO! WHILE ttended the deceased from 21:00 ms 176 220.1 certify that (1) (the homes saw the decest of the saw of (60) apinian death accurred an the date and haur and fram the causes stated 77% SIGNATUR DEGREE 77r. DATE SIGNED ATTENDING MEDICAL MO PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS MIEMS). 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE STATE Sonoka. St. Paul's Cemetery Removal-Burial 12/10/86 Henry W. Jenkins & Sons Co.

21212

Balto., MD

1905 York Road

DHMH - 16 60M 7/84 (VRA 15, 4)

hi U U Carrol Mataintan Mark and Van Carrol Market
nerel Forexor elle van Funerel Fore, ho

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21241	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and compiler, tilling in p. IIII, tilling the plant propers should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages 1 and should be the surface with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	TO HOSPII	TO FUNER should be with the St

orked or Item 18 shows ony injury, or other troumatic event, the medical efact

IMPORTANT: If Item 21 is

026325 DEC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1,-	4 0	7	24							
		REGISTRAR CEASED NAME FIRST		AIODLE		AST	REG. N	O. MONTH DAY	YEAR	2b. HOUR	
		EMILY		NODEL .	FORE		DECEMBI		986	26. HOUR	M
	3. SE)	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF L	JNDER 1 YEAR	IF UNDER 2	
		Female	В1	ack	MONTH 9	11 16 16	69	YRS.	THS DAYS	HOURS	MIN,
×		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH		
4		irginia	U.S	.A.	WIDOWE		BALTIMORI	E CITY.			MD.
1	10. CI	BALTIMORE	11. NAME OF H	OSPITAL, NURSIN H FACILITY, GIVE STREET A N. PATTE	ADDRESS)	PARK AVENUE	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWIFE		12b. KIND OI INDUSTRY	F BUSINES	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUI	OTHER INSTITUTION		ADMISSION)	13d. IN SIDE CITY LIMITS? YES NO []	130 STREET ADDRESS 1341 N.	zip code Pattersi	21	.213 k Ave	
K	14. F.A	ATHER'S NAME FIRST Ernest	MIDDLE	Rather		15. MOTHER'S MAIDEN NA	AME		Scot	t	
	16a. V	VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS			
	()	YES, NOOR UNKNOWN) (1F YES, GP	/E WAR OR OATES)	215-28-	5-28-5980 Lucy Sharp 181			tterson		Avenu	ue
	7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO	RAS A CONSEQUE RAS A CONSEQUE OVOU	NCE OF NCE OF Ary	Avery NOTIFIELATED TO THE TERM			EN PART 10	fan Mih Sfan ?	Fort)
1	IFICATION	19a. DATE OF OPERATION	196 CONDI	ONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	IG CAUSES	ERE FINDINGS USED G CAUSES OF DEATH?		
1	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.A	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR		YES [NO 🗍	
	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	OR TOWN COUNTY STATE			TE.
		saw the deceased alive an above, (1) (was losp	1 2-	1- 195	- /	od that in (my) (aux) apinion	. 10	ate and haur or		that (I) {wat causes state	
		Cleague	14.	aven	d m		DIRECTOR PHYSIC		12. DATE S	-4-	86
		Eugene	H. Ou	vens.		17 3 5	E Federal	est.	Balt	0 013	1 m1
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 12/6/8			emetery or crematory Cemetery	23d LOCATION Crew,	e.	OUNTY	Va. STA	.TE
	24. FL	UNERAL DIRECTOR					TE REC'D. BY REGISTRAR	25b REGISTRA	S SIGNATE	A das	A.
	Ma	rch [™] Funeral Hor	nes 110	1 East No	orth A	Avenue	EC 5 1986	لل بمدل	Curques.	Variation.	

DHMH - 16 60M 7/84 (VRA 15, 4)

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(VRA 15, 4)

REGISTRAR

DEASED NAME YEAR LIYF'S OR RRINTI Busa CRE IF UNDER I YEAR IF UNDER 24 HRS. 9 BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Domestic 13e STREET ADDRESS / ZIP CODE Herndon MIDOLE E.Ford, 621 Arson Ave. Balto. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 1011 Herndon Court, Baltimore, Md. The DAJE SIGNED DIRECTOR PHYSICIAN BAA Blud Greenbrier COSTATE Hillcrest Buria Cemt. White Sulpiur 24 FUNERAL DIRECTOR BY PEGISTRAR 254 REGISTRAR'S SIGNATURE, Balto.Md.21225ADDRESSI DHMH - 16 60M 7/84 Funeral Home, 23

STATE OF MARYLAND

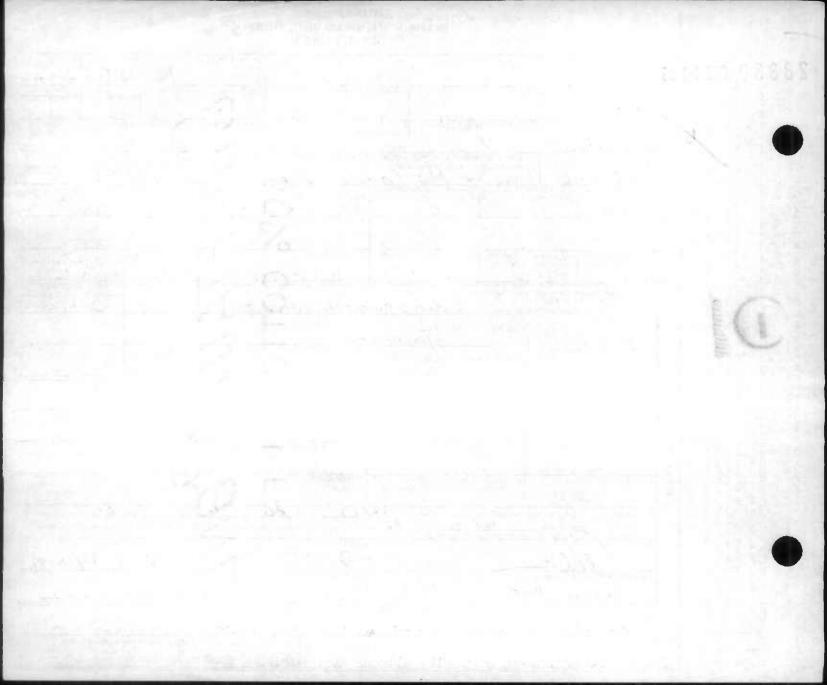
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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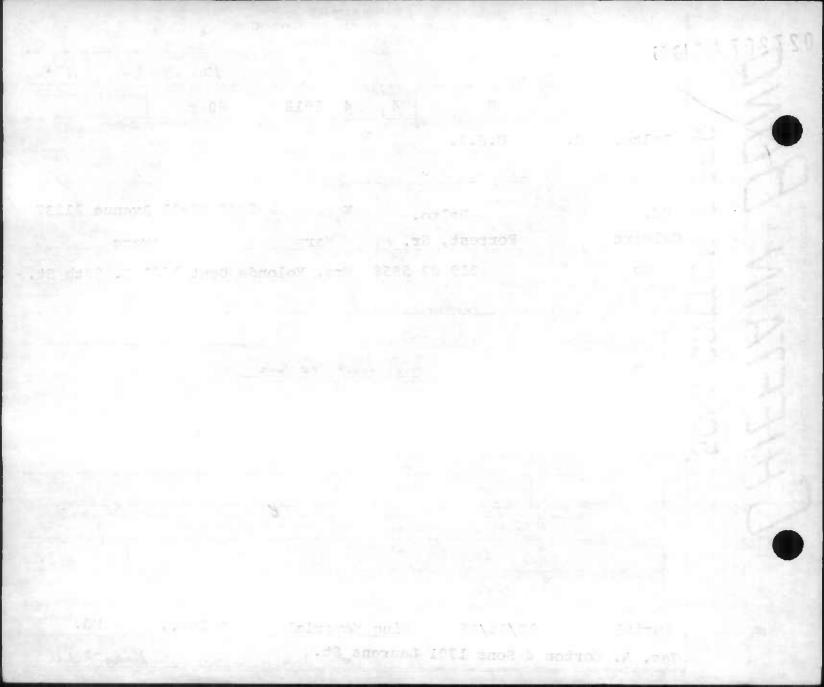
				STATE OF MARYLAND		
O 7 DEC	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE & O	3 4 0 9 1
U / DEC	21	REGISTRAR			REG. NO.	
25	POE	E OR PRINT)	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
0.0	J	Forrest, Ca	alvert		12-10	-86 1135p
0 1	S. SE	X	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS
200		M	В	4° 19°18	68 _{YR}	MONTHS DATS HOURS MIN.
R		Balto., Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cit	
Kied //	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OF
94	-	BAltimore	Union Memorial			
mishbe	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JUNTY 136 CITY OR TOW		130.STREET ADDRESS / ZIP CO 2000 Ode11	Avenue 21237
2 st	-	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE	LAST
ROC	Ca	alvert	Forrest, S	r. Mary		Avers
dicol		WAS DECEASED EVER IN U.S. A		RITY NO. 17. INFORMANT	ADDRESS	
med po	1	YES NO OR UNKNOWN) (IF YES O	219 03	5856 Mrs. Yol	onde Dent 154	41 E. 29th St
the The		IN CALISE OF DEATH (False)			01110 20110 20	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
pope novol. ent, th			only one couse per line for (0), (b), on SED BY ATE CAUSE (D) Cardia C	arrest		BETWEEN ONSET AND DEATH
ren		IMMEDIA	ATE CAUSE (0) CUVACAC	2 Ulres		
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- E			DUE TO, OR AS A CONSEQUE			
oum.		Conditions, if ony, which		Failire		
er troum		Conditions, if ony, which gave rise to immediate couse (0), stating the	(b) renal	Failure		
other troum		gave rise to immediate		tailure	ve	
0 5		gave rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEOUL	tailure Sue heart faile		GIVEN IN BARI 110 /
Then please remove to buriol, crémotian, njury, or other froum	NO	gave rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEOUL	tailure Sue heart faile		GIVEN IN PART TIE n, alchohol ebuse
in Then pled nor to buriof ny injury, or	ATION	gave rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEOUL	tailure Sue heart faile		GIVEN IN PART TO A COUSE YES, WERE FINDINGS USED
ony injury, or	IFICATION	gave rise to immediate couse (0), stating the underlying cause last.	DUE TO. OR AS A CONSEOUI (c) CONGRESCONTRIBUTING TO CONDITIONS CONTRIBUTING TO PARAMETERS OF THE CONDITION FOR WHICH	Failure INCE OF heart faile DEATH BUT NOT RELATED TO THE JERR PERSONNEL STATUS POPULATION OPERATION WAS PERFORMED	AINAL DISEASE, OR CONDITION : Repticus, hypothems co 200 AUTOPSY? 200. IF IN CER	RTIFYING CAUSES OF DEATH?
prior to buriol ony injury, or	ERTIFICATION	pare rise to immediate couse 101, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT Confession help to allow malou frition, 190. DATE OF OPERATION 190. 24-86	DUE TO, OR AS A CONSEQUIDATION OF CONDITIONS CONTRIBUTING TO CONDITION FOR WHICH Treche osterny for	Failure ENCE OF heart faile DEATH BUI NOT RELATED TO THE TERM CREATION WAS PERFORMED Prolonged introduction	AINAL DISEASE OR CONDITION PRINCES, A PRINCES CO 200 AUTOPSY? YES NO	YES NO
Hygiene prior to buriol 8 shows ony injury, or	L CERTIFICATION	gave rise to immediate couse 101, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (onystine beat falls) Malau fritan, 198. DATE OF OPERATION	DUE TO. OR AS A CONSEQUIDATION OF CONTRIBUTION OF CONTRIBUTION OF CONDITION FOR WHICH Trucke Osterny for 196. Time of Injury	Failure INCE OF heart faile DEATH BUT NOT RELATED TO THE TERM The thical status epit Intertion OPERATION WAS PERFORMED Prolonged intribation [216 HOW INJURY OCCUR	AINAL DISEASE, OR CONDITION : Repticus, hypothems co 200 AUTOPSY? 200. IF IN CER	YES NO
entol Hygiene prior to buriol tem 18 shows ony injury, or		gave rise to immediate couse ioi, stating the underlying cause last. PART 2. OTHER SIGNIFICANT (OUTSTALE) 190. DATE OF OPERATION H - 24 - 86 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DUE TO. OR AS A CONSEOUR (c) CONDITIONS CONTRIBUTING TO COPE previous grace to the condition for which trucks osterny for the condition for which the	Failure ENCE OF heart faile DEATH BUJ NOT RELATED TO THE TERR ELECTRICAL STATUS POPULATION OPERATION WAS PERFORMED Prolonged introduction AY YEAR 19	AINAL DISEASE OR CONDITION PRINCES, A PRINCES CO 200 AUTOPSY? YES NO	YES NO
r frem 18 shows ony injury, or		gave rise to immediate couse ioi, stating the underlying cause last. PART 2. OTHER SIGNIFICANT (OURSTINE NEXT TRUE) 190. DATE OF OPERATION 11-24-86 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN) 21d. INJURY OCCURRED	DUE TO. OR AS A CONSEQUIDATION OF CONTRIBUTING TO LONG CONTRIBUTING TO LONG TO CONTRIBUTION FOR WHICH Trucke osterny for LONG TO CONTRIBUTE OF INJURY HOUR A.M. MONTH D.	Failure ENCE OF heart faile DEATH BUT NOT RELATED TO THE TERM THE ENCY STATUS COPIL THE TERM OPERATION WAS PERFORMED Prolonged introducin AY YEAR 19 211 LOCATION	AINAL DISEASE OR CONDITION PRINCES, A PRINCES CO 200 AUTOPSY? YES NO	YES NO
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entol Hygiene prior to buriol tem 18 shows ony injury, or		gave rise to immediate couse ioi, stating the underlying cause last. PART 2. OTHER SIGNIFIC ANT (ONUSTRE NEAT TOUT) 190. DATE OF OPERATION # - 24 - 86 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WMILE AT WORK 270.1 certify that (1) 42/15 hass 270.1 certify that (1) 42/15 hass	DUE TO, OR AS A CONSEQUIDATION OF THE PROPERTY	Failure ENCE OF heart faile DEATH BUT NOT RELATED TO THE TERM THE CHILD STATUS PRINT OPERATION WAS PERFORMED Prolonged introducin AY YEAR 19 211 LOCATION STREET	AINAL DISEASE OR CONDITION PORTIONS, HYPERINGS OF THE PROPERTY OF THE PROPERT	YES NO STATE
Mental Hygiene prior to burial in tem 18 shows any injury, or		gave rise to immediate couse (o), stating the underlying cause last, part of the underlying cause last, part of the underlying cause last, part of the underlying last, part of the underlying or contributing cause of difference in the underlying or contributing cause of difference underlying or contributing cause of difference underlying dif	DUE TO, OR AS A CONSEQUIDATION OF THE PROPERTY	Failure ENCE OF heart faile DEATH BUT NOT RELATED TO THE TERM THE CHILD STATUS PRINT OPERATION WAS PERFORMED Prolonged introducin AY YEAR 19 211 LOCATION STREET	AINAL DISEASE OR CONDITION PORTIONS, HYPERICA CO 200. AUTOPSY? YES NO 2 RED (ENTERNATURE OF INJURY IN ITEM CITY OR TOWN	YES NO STATE COUNTY STATE No (we) lo
. of Health and Mental Hygiene prior to buriol n 21 is morked or Item 18 shows ony injury, or		gave rise to immediate couse 101, stating the underlying cause last. PART 2. OTHER SIGNIFIC ANT CONFESSION LIGHT TO SIGNIFIC AND CONFESSION CO	DUE TO, OR AS A CONSEQUIDATION OF THE PROPERTY	Failure ENCE OF heart faile DEATH BUT NOT RELATED TO THE TERM CRESTICAL STATUS SPIRE OPERATION WAS PERFORMED Prolonged introduction AY YEAR 19 ARM. ETC.) 211 LOCATION STREET 10 — 15 19 8 and that in my lour) apinion	AINAL DISEASE OR CONDITION PORTIONS, HYPERICA CO 200. AUTOPSY? YES NO 2 RED (ENTERNATURE OF INJURY IN ITEM CITY OR TOWN	RTIFYING CAUSES OF DEATH? YES NO
Dept. of Health and Mentol Hygiene prior to buriof it them 21 is morked or Item 18 shows ony injury, or		gave rise to immediate couse (o), stating the underlying cause last, part of the underlying cause last, part of the underlying cause last, part of the underlying last, part of the underlying or contributing cause of difference in the underlying or contributing cause of difference underlying or contributing cause of difference underlying dif	DUE TO, OR AS A CONSEQUIDATION OF THE PROPERTY	Failure ENCE OF heart faile DEATH BUT NOT RELATED TO THE TERM PROLITION WAS PERFORMED Prolinged introducin AY YEAR 19 211 LOCATION STREET 10 — 16 19 8	AINAL DISEASE OR CONDITION PROPERTY AND STAFF AND STA	PART FOR PART 2) COUNTY STATE COUNTY STATE Thou (we) los hour and from the couses stated 22c. DATE SIGNED
e Dept., of Health and Mentol Hygiene prior to buriol : if them 21 is morked or them 18 shows ony injury, or		gave rise to immediate couse (o), stating the underlying cause last. PART 2. OTHER SIGNIFIC ANT (ONUSTIVE NEAT TOWN). 190. DATE OF OPERATION ### 100 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHER MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK 270 I certify that (i) Units has saw the deceased alive a above (ii) (we) (did) (did r. 27b. SIGNATURE	DUE TO, OR AS A CONSEQUIDATION OF THE PROPERTY	Failure INCE OF heart failu DEATH BUT NOT RELATED TO THE TERM PRINCE STATUS EPAR INCESTION OPERATION WAS PERFORMED PROPOSED INTUBATION AT YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN [AINAL DISEASE OR CONDITION PORTIONS, A PROVIDE CO 100 AUTOPSY? TO IN CER YES NO CERTIFICATION OF INJURY IN ITEM CITY OR TOWN 4. to 22-10 death occurred an the date and	RTIFYING CAUSES OF DEATH? YES NO
itate Dept. of Health and Mentol Hygiene prior to buriol NT: If Item 21 is morked or Item 18 shows ony injury, or		gave rise to immediate couse (o), stating the underlying cause last. PART 2. OTHER SIGNIFIC ANT (ONLISTING NEW NEW TEXT) 190. DATE OF OPERATION H-24-86 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETAILS AND C	DUE TO, OR AS A CONSEQUIDATION OF A CONSEQUIDA	Failure INCE OF heart failu DEATH BUT NOT RELATED TO THE TERM PROLOGICAL STATUS EPOT INCENTION WAS PERFORMED Prologed introducin AY YEAR 19 211 LOCATION STREET 10 - 18 19 DEGREE ATTENDING	AINAL DISEASE OR CONDITION PROPERTY AND STAFF AND STA	PART FOR PART 2) COUNTY STATE COUNTY STATE Thou (we) los hour and from the couses stated 22c. DATE SIGNED
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nate Dept. of Health and Mentol Hygiene prior to buriol NT: If them 21 is morked or them 18 shows ony injury, or	MEDICAL	gave rise to immediate couse 101, stating the underlying cause last. PART 2. OTHER SIGNIFICANT (ONJECTIVE AUGUST 190. DATE OF OPERATION H-24-86 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF ETHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WMILE NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED 27d. 1 certify that (1) (MIS has saw the deceased alive a above (II) (we) (did) (did r. 27b. SIGNATURE	DUE TO, OR AS A CONSEQUIDATION OF CONDITIONS CONTRIBUTING TO LEUS, winary breef 196 CONDITION FOR WHICH breche osterny for 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FOR 19 - 1001) view the body after death.	Failure ENCE OF Least Failure DEATH BUT NOT RELATED TO THE TERM THE ENCLOSE STATUS - POPULATION OPERATION WAS PERFORMED Prolonged introduction AY YEAR 19 211 LOCATION STREET 10 -16 19 -19 -19 -19 -19 -19 -19 -19 -19 -19 -	AINAL DISEASE OR CONDITION PROPERTY AND STAFF AND STA	PART FOR PART 2) COUNTY STATE COUNTY STATE Thou (we) los hour and from the couses stated 22c. DATE SIGNED
reduced for use as the outderfauls) permit their preter to Dept. of Health and Mentol Hygiene prior to buriol if them 21 is morked or them 18 shows ony injury, or	WEDICAL 230. E	gave rise to immediate couse (o), stating the underlying cause last. PART 2. OTHER SIGNIFIC ANT (ONLISTING NEW NEW TEXT) 190. DATE OF OPERATION H-24-86 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETAILS AND C	DUE TO, OR AS A CONSEQUIDATION OF CONDITIONS CONTRIBUTING TO LEUS, winary breef 196 CONDITION FOR WHICH breche osterny for 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FOR 19 - 1001) view the body after death.	Failure ENCE OF Least Fails DEATH BUT NOT RELATED TO THE TERM The Experience of the Status of the September of the Status of the September	AINAL DISEASE OR CONDITION PRICES, A PRIVATE CONDITION 100 AUTOPSY? 100 LIN CET IN CET VES NO CET	PART FOR PART 2) COUNTY STATE COUNTY STATE Thou (we) los hour and from the couses stated 22c. DATE SIGNED

Julia Dividson Rondale

DEC 1 5 1986

DHMH - 16 60M 7/84 (VRA 15, 4)

Jas. A.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20	REGISTRAR			CERTII	ICATE OF DEATH	REG. N	10.					
	EASED NAME FIRST		MIDDLE	t.	AST	20 DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR			
(TYPE	ANDRE	V I	HOWARD	F	OSTER	DECEMBER	12,	1986	6:30 BM			
3 SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
	MALE	WHIT	TE .	DEC.	15. 1924	61	YRS	MONTHS DAYS	HOURS MIN.			
	THPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY		Y OF DEATH				
C	VIRGINIA	U.S.	Α.	WIDOWE	D NEVER MARRIED D	BALTIMOF	RE CI	TY.	MD.			
10. CI	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	128 USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS OR			
	BALTIMORE	1700 N	ERIDENE	DR.	<i>#5</i> 16 21239	STAFF AS	OF WORKING					
13a. S			13c. CITY OR TOWN BALTIM	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1700 MEF	ZIP COL	E DR.	21239 #516			
14. FA	THER'S NAME				15. MOTHER'S MAIDEN NAM							
DV	VILLÏAM	H.	FÖST	ER	FRANCES	WIDDLE		BÜ	RFORD			
	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS					
, (A	ES NOOR UNKNOWN) (IF YES, GI	N. II	224-26-	6747	BRYAN L. F	OSTER BAI	TIMO					
	18 CAUSE OF DEATH (Enter of	nly one couse per	line for 191, (b), one	dish' s				BETWEEN	MATE INTERVAL ONSET AND DEATH			
		TE CAUSE (0)	Kerra	el 1	aclere			94	ears			
100	DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if any, which	(b)_										
	gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF								
	underlying couse lost.	((c)_										
_	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION G	IVEN IN PART 1	0			
é	Congeste	ve the	aut Fz	rilu	ve Kun	enteusion						
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED //	200 AUTOPSY?		ES, WERE FINDI				
E E						YES NO	1	res 🗌	NO 🗆			
Ü	210. ACCIDENT WAS UNDERLYING	21b. TIME C		AV YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	URY IN ITEM 18	PART (OR PART 2)				
CAL	OR CONTRIBUTING CAUSE OF DE.	AIH	M.	19								
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	ARM STC 1	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE			
×	AT WORK NOT WHILE AT WORK	(AI HOME 31	REET, PACTORT, OFFICE, F	ARM, EIC)								
	22a I certify that (I) (thinks)		e deceased from_	12	1/2 19 86		15	19 66	that 🐨 (we) lost			
	sow the deceased alive or above, (1) (we) (did) (did	diese the body	alter death.	. 01	nd that in (my) (our) opinion o	deoth occurred on the o	dote and ha	our and from the	couses stated			
	22b. SIGNATURE	7/1	1	\sim	DEGREE			22c DATE	-			
	1/15	V/)	und)	ATTENDING PHYSICIAN	MEDICAL STA		12.1	3.86			
1	274 PHYSICIANS NAME CONT	or Hebri			22e ADDRESS							
	JOSEPH W.	SEDLEY,	111, M	D.	3809 GREEN	MOUNT AV	E.	366-62	22			

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

etoined by the haspitol or TO FUNERAL DIRECTOR: should be detached far us with the State Dept. of He MPORTANT: If the

and Mental Hygiene prior ta burial, crematian,

urial-transit permit. arked or Item 18 shaws ony

> 230. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL DEC.16.

FOR STATE

poge 3 er death

23c. NAME OF CEMETERY OR CREMATORY

GREEN MOUNT AVE.

VIRGINIA

DAM BAPTIST FLUVANNA CO. VIRGI

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

IN BLVD. DEC 1 5 1980 *86 BEAVER 24. FUNERAL DIRECTOR
WILLTAM E

JOHNSON8521 LOCH RAVEN BLVD

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S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET,	3 SEX		BRIAN	10 0 175 01					FOUI						D X	11 1		86 EAR	٨
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PAGES!	H FA	THER'S NAME		MIDDLE		ı	AST		15.7	FIRS		NNAME		WIDDLE			LAST		
3	/	Richar	d				1ke			Ji1	1					Tha	acker		
8/	16a. V	AS DECEASE S, NO, OR UNKNO	DEVER IN U.S. ARA			16b. SOC	IAL SECUR	ITY NO.	17, 11	NFORMA	ANT			ADD	PRESS				
DIVISION	_Nc						-96 - 78	331	J	ill	Foull	ke 12	25 N	. Luz	zerne	Ave			
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USED AS A BURIAL -TRANST PERMIT OF HEALTH AND MENTAL HYGIENE, PLAL, CREMATION, OR REMOVAL.		Condition	ns, if any, which	DUE	TO, OR A	S A CON	SEQUENC	OF											
R RE		gave ri	se ta immediate) (b															
NO.		lying cau	stating the <u>under</u> use last.	DUE	TO, OR A	S A CON	SEQUENCI	OF											
OI I				(c															
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AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTMORE, MARYLAND, 21201 PROR TO BURIAL,	3FIC																YES	X	NO 🗆
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0	(5	PECIFY)			100							CITY	CATION			COUNTY		STATE	
	24 FL	irial	TOR	1/15/	86	Hc	11y I	iill	Cem	25	a. DATE R	EC'D. BY	REGISTI	RAR [256	altin REGISTR	AR'S SIG	MATURE	Id.	
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(5))	K	Dabro	wski & Sc	n 281	8 E.	Balt	imore	St		148	A Y	0		A Property	Danson	2000	5	1,3	•

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	2 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the most included to be executed within 24 hours after death. Page 4 may be rained by the haspital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by through some priction and completely filled in by the funeral director; page 3 nould be detached for use as the burial-transit permit. Then please the detached for use as the burial-transit permit. Then please the burial-transit permit is burially provided by the prior to burial, cremation.	APORTANT: If Item 21 is marked or Item 18 shaws ony injury, or other froumotic event, the medical examine making a horizon
DIVISION OF VITAL RECORDS, 201	D HOSPITAL OR ATTENDING PHYSICIAN: The low requires floring by, the hospital or attending physician.	O FUNERAL DIRECTOR. After this certificate has been signed by through each principle vicion and hould be detached for use as the buriot-transit permit. Then please entering the conservation of the period of Health and Mental Hygene prior to buriot, cremitation.	APORTANT: If Item 21 is marked or Item 18 shaws ony injury, or

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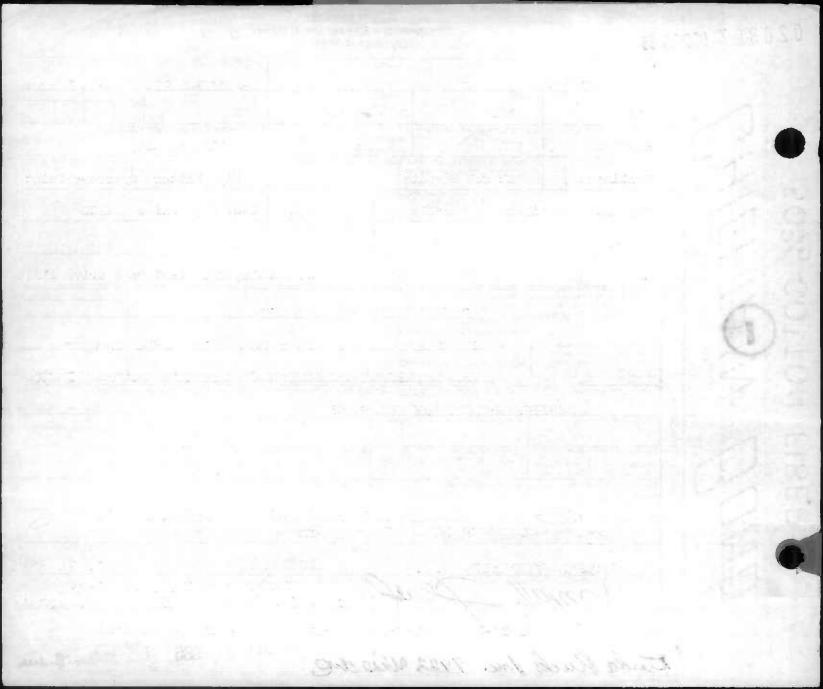
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1. DECEASED NAME

	CEASED NAME FIRST		WICOFE	l	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
1111	JAMES		.T	FO	WBLE	SR	DECEMBER	22	1986	10:a M	
3. SE		4. RACE		5. DATE C		SK.	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Male	White		July	A, 190	8 YEAR	78	YRS.	MONTHS DAYS	HOURS MIN.	
7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMORE CITY		Y OF DEATH		
	Maryland	USA		WIDOWE	D NEVERA	ORCED	Baltimo	re Cit	ty	MD.	
18° €	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A Ch HOSPIT	DDRESS)	OR OTHER INST	NOITUTI	IZG USUAL OCCUPAT (TYPE OF WORK FOR MOST Pipe Fi	r BUSINESS OR			
13a.	AL RESIDENCE (IF NURSING FOME OF STATE TABLE COUR Maryland Balt		GIVE RESIDENCE BEFORE 131. CITY OR TOWN Dundalk	٧	13d. INSIDE C	TY LIMITS?	13e STREET ADDRESS 2807 Page			2	
15 F/	ATHER'S NAME Richard	WIDOLE	Fowble.			MAIDENNAA First thleen	MIDDLE		LAST		
16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUE	PITY NO	17 INFORMA		M. ADDR	RESS	not ki	nown	
		E WAR OR DATES)	220-01-1				ble, Jr.	2807	Page Dri	ive 21222	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	D RY.	line for (o), (b), and		ATORY	ARRES				MATÉ INTERVAL DNSET AND DEATH	
NTION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT POSS 190. DATE OF OPERATION	CONDITIONS CO	R AS A CONSEQUED VENOUS DITRIBUTING TO D JLMONARY	NCE OF THRO EATH BUT EMB	MBOSIS	WTTH TO THE TERM	CONGEST IN ALDISEASE OR COM-	VE H	EART F		
TIFIC/	196. DATE OF OPERATION	198. COND	ITION FOR WHICH OPERATION WAS PERFORMED				206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO				
MEDICAL CERTIFICATION	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P. PLACE	M. MONTH DAY YEAR M. 19 DEINJURY 211, LOCATION								
W	WHILE NOT WHILE AT WORK	(AT HOME STI	REET, FACTORY, OFFICE, FA	RM, ETC)	STREET		CITY OR TO	OWN	COUNTY	STATE	
	27a. I certify that (I) this hosaid) attended the deceased from DECEMBER 209 86 to DECEMBER 229 86, that (I) saw the deceased alive an DECEMBER 2219 86 and that in (my) pinion death occurred on the date and hour and from the causes stated above, (I) (we) (D) (did not) wew the body offer death.										
	276 SIGNATURE	it) view the body	otter death.		DEGREE				22c. DATE S		
	PRASAD S		I, M.D.		F		MEDICAL STA	CIAN	DEC.	22,1986	
	274 PHYSICIANS NAME (THE	2/6_	Dec	14	100 N	CHU.	RCH HOSPI ADWAY BAR		CORPOR	ATION 21231	
23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	13h DATE	/		EMETERY OR C	REMATORY	23d LOCATION CITY OF TOWN Baltimo		COUNTY	STATE	
-	UNERAL DIRECTOR	h dne	7922	We	io dux	25a. DA][25h. REGIST	TRAR-S-SIGNATI	IRE. Rudies	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

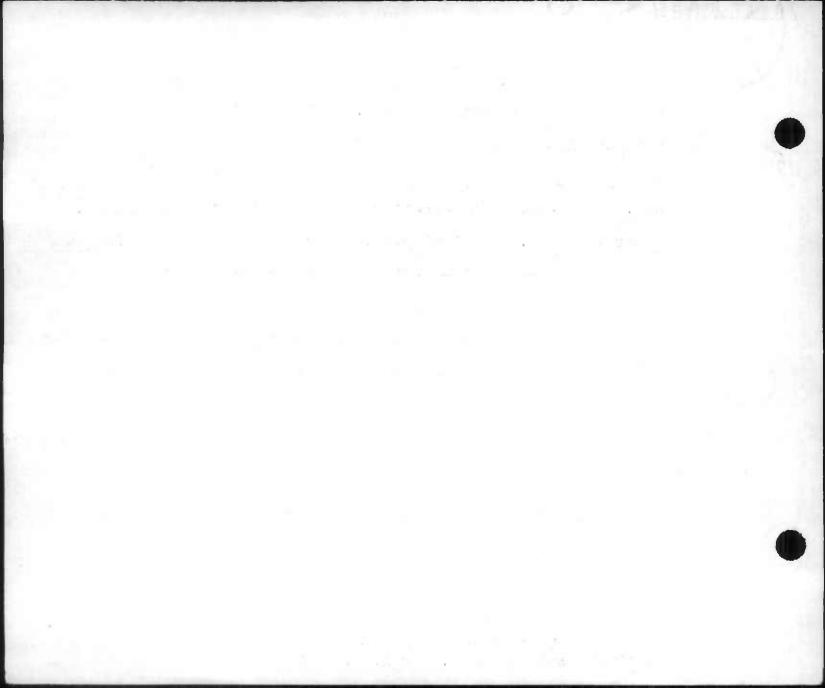


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tely 2 sh	in a	14. F/	ATHER'S NAME	MIDDLE			15. MOTHER'S MAID	EN NAME		LAS1	
aple ond		V	FIRST	MIDDLE	Johnson	51	Alice	THE PARTY OF THE P	Fow1		
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P 00	£ 2	and the same of	TES NO OR GIANTOWN	11 123, GIVE WAR.	OR DATES!						
2 387	9		18 CAUSE OF DEATH	Enter only one	couse per line for (0),	(b), and (c).1				BETWEEN	MATE INTERVAL DISET AND DEATH
phy move	1		PART I. DEATH WAS	S CAUSED BY:	USE (o) Bo	adu cardi	\sim			1'4	hrs
he death cert	Diffe				DUE TO, OR AS A CON	. 1		'3			
de con	TO TO		Conditions, if ony, v		(b) Seven	4 Rilmone	y hypophsi	2		in u	(D)
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# C C C	1	CERTIFICATION							Ton 15 MS	C MEDE COMP	100 11000
NG PHYSICIAN: The Inventor offending physician. ther this certificate has been so the buriol-tronsit permitten to an Americal Hygene pit in the and Mentol Hygene pit.	000	CA	190 DATE OF OPERATIO	DN II	96 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES	OF DEATH?
The Cion.	30 T	E			THE OF BUILDING		Tab. HOW IS HUBY	YES NO		S 📗	NO 🗌
SiCiAN: The ng physicior certificate hirol-transit pental Hygier	00		210. ACCIDENT WAS UNDER	-	HOUR A.M. MONT	H DAY YEAR	ZIZ HOW INJURY C	OCCURRED (ENTERNATURE OF	INJURY IN ITEM 18 P	PART I OR PART 2}	
SiCiA ng ph certifi priof-tr	量	CAL	(IF EITHER NOTIFY MEDICAL	LEXAMINER)	P.M.	19	THE LOCATION				
PHYS endir this nd M	edor	MEDI	216 INJURY OCCURRED		1e. PLACE OF INJURY AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	morke		AT WORK AT WORK				1/1/2	E/ /3	11.5	81.	
Heo Les	E.		220. I certify that (I) (t		ttended the deceased		10 , 19 and that in (my) (our) o	opinion death occurred on t		r and from the	that (I) (we) o
OR ATTEN e hospitol DIRECTOR oched for u	m 21		above, (I) (we) (did	(did not) viev	v the body ofter deoth.		DEGREE	prinon deall accorded on t	ie doic ond noo	22c. DATE	
OR A DIRE Oched	# #e		226. SIGNATURE)			ATTEND	DING _ MEDICAL _	STAFF		1.
ITAL by the RAL det	Z - 3		22d. PHYSICIAN'S NAM	aines			PHYSIC 22e ADDRESS	IAN DIRECTOR PH	YSICIAN	12/1	علاإد
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			BURIAL, CREMATION, RE (SPECIFY) Removal		12-18-86	230 NAME OF	CEMETERY OR CREMA	TORY 23d LOCATION	N .	COUNTY	STATE
BP		24.5	UNERAL DIRECTOR				1.	25a, DATE REC'D. BY REGIST	PAP 255 DECIE	TRAP'S SIGNIAT	HDE
DHMH - 16 50M 4	1/83	Z4.1		natomy	Board AD	DRESS Balt	o., Md.	JAN 0 2 1987		widson-A	
(VRA 15, 4)			211	- Com			,	0 0 1001			and the second

		- 1	-	STATE REGISTRAR				CERTIF	ICATE O	F DEATH	RE	G. NO.			
		- 7		EASED NAME	FIRST		MIDDLE	(AST		20. DATE OF DEA		H DAY	YEAR	2b HOUR
	oge 4 may be lirector, page 3 ours after death		(I YPE	OR PRINT) MARVII	.I	S.	F	OWLER			DECEMBE	R 30,	1986		12;59Pm
	moy pog		3. SE)	(4	I. RACE		5. DATE C		V6.40	6 AGE (IN YEARS L	ST BIRTHDAY)	IF UN	HS DAYS	IF UNDER 24 HRS HOURS MIN.
ge 4		M	ale		cauc	asian	Sep	t. 2	0 1925	61	,	YRS	H3 DATS	HOURS MIN.	
	Po Po	63		RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8.	NEVE	R MARRIED	9 BALTIMORE CI	TY OR CO	UNTY OF	DEATH	
	nero nn 72	:70		orth Card	olina	USA		WIDOWE		DIVORCED	BALTIMORE CITY				
- 1	الم	Stilled	10. CI	TY OR TOWN OF DEA	Jit.		HOSPITAL, NUF		OR OTHER I	NSTITUTION	17a USUAL OCCU			26 KIND OF	BUSINESS OR
6	by #	35		ALTIMORE		THE	JOHNS F	OPKINS	HOSP1	TAL	Retire	d		Bus	Driver
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	filled in rould be f	anis pe	13a. S	AL RESIDENCE (IF NURS TATE Md.	LIN COUNT P	TY:	GIVE RESIDENCE BE	OWN	13d INSIDI	E CITY LIMITS?	13e STREET ADDR	ESS / ZIP Bond	CODE Mil	.1 Rd	20707
YLA	thir sky	J.E.	14. FA	THER'S NAME		annut.	LAST		15. MOTHE	R'S MAIDEN NA	ME	215		LAST	
MAR	mplet ond	100	2	Marvin		S.	Fow	ler,Sr	•	Ora			G	lasg	OW
RE,	e execut	Medicol		VAS DECEASED EVER		NED FORCES?	166 SOCIAL SI		17 INFOR			DDRESS			
IMO	Pog.	E	,	no			226-2	4-9189	Ann	Fowler	same	as 1	3e		
BALI	Sicio	ent, the		18. CAUSE OF DEATH	H (Enter only	y one couse pe	r line for (o), (b)	, and (c).1					-	BETWEEN C	MATE INTERVAL DINSET AND DEATH
ST.	phy	Ne ve		PARTI. DEATH W	IMMEDIATE		CARD	SIAC	ARRE	551	<u>.</u>			MIN	NIEZ
NO	# pp	5 6				DUE TO, C	R AS A CONSE	QUENCE OF							
EST	deo deo	5 5		Conditions, if ony,		(b)	RES	PIRAT	KSA	ARRES	51			MII	UNTES
V. P.	2 24	1		couse (o), stotin underlying couse	g the	DUE TO, C	R AS A CONSE						- 1	1.46	~ L~
0	(F 100	ò				(c)_		JMOC			INOMU				EKS.
RDS, 2	1	injury.	N O	PART 2 OTHER SIGN	HEICANT CO	onditions <u>c</u>	ONTRIBUTING	TO DEATH BUT	NOT RELAT	TED TO THE TERM	inal disease or	CONDITIO	N GIVEN I	N PART Ita	
I RECO	hos ber	Aug Land	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PER	RFORMED	YES TO NO	IN (GS USED OF DEATH? NO
VITA	T S S S S S S S S S S S S S S S S S S S	8	CER	210. ACCIDENT WAS UND		21b. TIME O	OF INJURY	DAY VEAD	21c HOW	INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN IT	EM 18 PART 1	OR PART 2)	
0	DE PA	19	¥	OR CONTRIBUTING (n e	.M. MONTH	19							
O	A Price	5 /	MEDICAL	21d INJURY OCCURE			OF INJURY	NCE EARLA ETC.)	211 LOCA	ATION REET	CITY	OR TOWN		COUNTY	STATE
N/S	O# 14	T P	2	AT WORK NOT WH	RK -	(ATTIOME, 31	INCET, FACTORY, OFF	CE PARM, CIC.)							
Ω	N - W 5	£		228 I certify that (I)	The same of the sa					, 19 86			- /		hot (I (we) last
-	R ATTE hospita RECTO	21		sow the decease obove, (k (we) (c	id alive on _ lid) did not	view the body	30 19 ofter death.			ny (our) opinion	death occurred on	the dote or	nd hour one		
	0 41 000	T te B		226 SIGNATURE	9 1	1			DEGREE	ATTENIDING	MEDICAL	STAFF		22c. DATE :	1 1
	y the	ANT		Safr	1/1	9		~	- 40	PHYSICIAN [MEDICAL DIRECTOR PI	YSICIAN [X	12	130/8
	O HOSPITAL stoined by the O FUNERAL hould be defi-	IMPORTANT: IF		274 PHYSICIAN'S NA	ME LIYPE OR		BICAZL	RIAN	22e ADDI	Johns	Har	FUS	> 1-	de d	ta)
	Dig Dig	3 ≧ ₹	23a. E	URIAL, CREMATION, SPECE Burial	REMOVAL	1/2/8	7	3c NAME OF C Union	Ceme	rcrematory tery	BUTE C	nsvi	$11e^{\circ}$	Mont	Md Md
		4/02	24. FU	JNERAL DIRECTOR	76	01 Sa	ndy Sp	ring F	Road	25a DAT	E REC'D. BY REGIS	TRAR 256. R	EGISTRAR	'S SIGNATI	JRE
	DHMH - 16 50M (VRA 15, 4)			Fleck Fu	neral	Home	,Inc.L	aurel	Md.2	0707 JA	N 5 198	7 4	ulia I	isidan	Pandasa

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



BP. DHMH - 16 60M 7/84 (VRA 15. 4)

230 BURIAL CREMATION REMOVAL

(SPEC#FY) CITY OR TOWN 12/8/1986 BURIAL DORCHESTER MEMORIAL CAMBRIDGE MARYLAND MOR RUSSELL C. WITZKE FUNERAL HOME OF CATONSVILLED DATE REC'D. BY REGISTRAR'S SIGNATURE Julia Dander Pendase 1630 EDMONDSON AVENUE CATENSVILLE MARYLAND 21228

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

DAY 5 YEAS 6 26 HOUR

IF LINDER 24 HRS

17h KIND OF BUSINESS OR

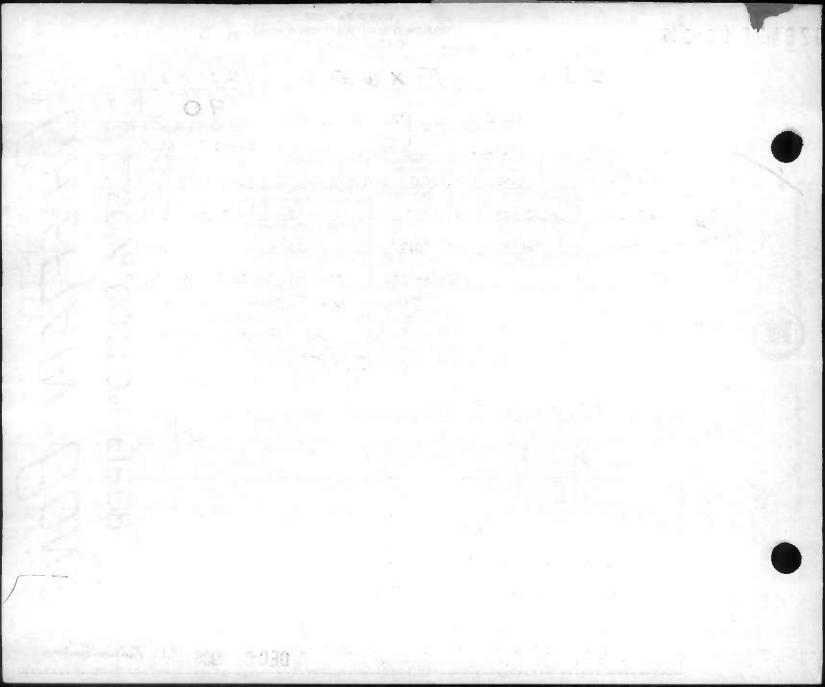
OWN HOME

BETWEEN ONSET AND DEATH

22c. DATE SIGNED

IF UNDER 1 YEAR

INDUSTRY



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

1-	FOR STATE REGISTRAR	DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 👸 💍	3 4	- 0 4
P DEC	CEASED NAME FIRST	A NDREW	Car	AST .	20 DATE OF DEATH	MONTH DAY YE	2b HOUR
3. SEX	MALE		S. DATE C	DF BIRTH 16,1932 FAR	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN PENNSYLVANIA	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		H MD.
	TY OR TOWN OF DEATH	11 porms of the soft of the soft street of			12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF LAB TECHNI		ND OF BUSINESS OR TRY MINO SUGAR
130. S MA	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUP RYLAND		i	YES 🚺 NO 🗌		ZIP CODE COUNTRY	(21208) CT.,APT. T-2
14. FA	THER'S NAME FIRST	MIDDLE LAST	_	15. MOTHER'S MAIDEN NAM	MIDDLE	DAD	LAST
Ián V	ANDREW VAS DECEASED EVER IN U.S. AR	FRANKI		PAULIN 17 INFORMANT		PAPI APT. T-2()	PAS 21208)
{Y	ES, NO OR UNKNOWN) (IF YES, GIV	FORCE - KOREAN	399	MRS. ROSE FR			
NO	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	IN one couse per line for (a), (b), and D BY. TE CAUSE (a) DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE	YCE OF		ICERL	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI	JSES OF DEATH?
MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify thoy (1) this hosp. The country of the country	P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI tol) ottended the deceased from the body ofter death.	19 RM EIC)	21c. HOW INJURY OCCURR 21l. LOCATION STREE1 23 , 19 (our) opinion of the direction opinion opini	city or 10v	wn COUNT 19 8 cote and hour and from	Y STATE 7 2. that (I) (we) lost
	URIAL, CREMATION, REMOVAL SPECIFY)	10/04/		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	MD STATE
74 FI	CREMATION JNERAL DIRECTOR SOL	12/26/86 LEVINSON & BROS.,	OUDON	PARK CREM	BALTO REC'D. BY REGISTRAR	75h REGISTRADIS CLO	MD
		N RD. BALTO., MD			30 1986	Julia Davido	m. Kandalit

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH I. DECEASED NAME MONTH 26 HOUR 100 4 RACE IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 22-14 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARYI AND d

	1111/2/11/9/	CI JI / TWIDOWE	DIVOKCED [10116111	1012	MU.
0 C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		26 KIND OF BUSINESS OR
Z	301=000	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	0	LIVE OF WORK FOR MOST		NDUSTRY
1	JAKIIMORKEI.	3110 GWYNN FALLS	s -wy	KETIRE	0 1	
	AL RESIDENCE (IF NURSING HOME OR OTI STATE 13b, COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	E13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 710 CODE	
1	4 //	-	YES THE NO T	138.STREET ADDRESS	/ ZIP CODE	9 Pwy 2121
_	YAR4GAND	BALTIMORE			IN FALL	a my xixi
4. Pi	ATHER'S NAME	DIE LAST	15. MOTHER'S MAIDEN NA	* WIDDLE		LAST
1	UILLIAM FRA	HKLIN	VIULA 1	VICHOLS	JW	
	WAS DECEASED EVER IN U.S. ARME		17 INFORMANT	ADDR	ESS	21216
	YES NO OR UNKNOWN) (IF YES, GIVE W). II 712012734	MRS MARY FR	ANKLIN 311	OGWYN	INFAMS PULL
	18 CAUSE OF DEATH Enter only	ane cause per line far (a , (b), and (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DARTI DEATH WAS CALISED B	av.	_+			
	IMMEDIATE (CAUSE (a) COrdispulm anos) /			
		DUE TO OR AS A CONSEQUENCE OF				
	Canditians, if any, which	(16) suprured venti	is don annin	CI. ALA		
	gave rise to immediate	(b) 10200 FG GC-17	TOTAL CONFINE	9/11		
	cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF				
	underlying cause last	(6)				
	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERA	AINIAL DISEASE OF CON	IDITION GIVEN I	NI DADI 110
z	PART 2 OTHER SIGNIFICANT COL	ADITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	DITION GIVEN II	N PART TO
ATION			21.0014			
	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS USED
E				YES NOT	YES T	G CAUSES OF DEATH?
CERTIFIC		71b. TIME OF INJURY	Tal. HOW IN HIRV OCCUP			
-	210. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH	LIGHT A LL MONTEN DAM VELD	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF INJE	IRY IN ITEM 18 PART I	OR PART 2)
AL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
VEDIC	71d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION			
AE		(AT HOME STREET, FACTORY, OFFICE FARM ETC.)	STREET	CITY OF TO	NWC	COUNTY STATE

27a I certify that (1) this haspital) attended the deceased from 12saw the deceased alive an 12-23 obave, (I) (we) (did) (did not) view the bady after death and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 226. SIGNATURE 22c DATE SIGNED ATTENDING PHYSICIAN / MEDICAL 1/2/87 DIRECTOR PHYSICIAN

Alice ALDRICH PA-C 236. DATE

24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE L. Russ 2222 W. NORTH

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR

should be detailed to with the State Deat at

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If Bern 21

IMPORTANT

FOR

REGISTRAR

- STATE

(TYPE OR PRINT)

3. SEX

STATE OF MADVIAND

FOR	DED 4 DY	MENT OF II	EALTH AND MENTAL HYG	SIPAR SE OS	Z 44 1-	ui o
- STATE REGISTRAR	DEPARTI		ICATE OF DEATH	0	0 -1	
				REG. NO.		
I DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	·	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
ROLAN	ND EMORY	FRA	NKTON	12	19 86	2:40A.M.
Y SEX	4 RACE	5. DATE C		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	White	Aug		77 YE		MIN.
a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH	
Maryland	USA	WIDOWE	D D THE TEN MINIMIED D	Baltimore (7i+57	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND (OF BUSINESS OR
Baltimore	3003 Frederick			Guard	Secur	
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS? YES X NO	136.STREET ADDRESS / ZIP C 3003 Frederic		, 21223
14 FATHER'S NAME		-	15. MOTHER'S MAIDEN NA	ME		
FIRST U	NKNOWN LAST		Ida	WIDDLE	Tuck	
160 WAS DECEASED EVER IN U.S. A		JRITY NO.	17 INFORMANT	ADDRESS		
(YES, NO OR UNKNOWN) (IF YES, G	=== 217-01-7	7350	John Frankto	on, 3010 Malvier	w Road, 2	21230
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), o		anest		APPROX	KIMATÉ INTERVAL ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQUE	the	ulan an	rhythmia		
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF	relevati	e cardioras	scale o	
	CONDITIONS CONTRIBUTING TO	DEATH POT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART I	0'
NO THE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDI	S OF DEATH?

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from

211 LOCATION STREET

COUNTY STATE CITY OR TOWN

22b. SIGNATURE

ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN 22e. ADDRESS

22d. PHYSICIAN'S MAME Barahona

1101 Maiden Choice Lane

23a BURIAL, CREMATION, REMOVAL 12/22/86 Entombment

sow the deceased alive on

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Mausoleum

21229

DEGREE

Baltimore

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

COUNTY Maryland

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

and Mental Hygiene prior to burial, shows any

IMPORTANT: If them 21 is marked or them 18

MEDICAL

ESSUN NEE

6

STATE OF MARYLAND

dif

Julia Dividor Pradres

	817-	FOR - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 O REG. NO.	5 4 - 0 /
	{ TYPE	CEASED NAME FIRST E OR PRINT) Albert	MIDDLE	Franze.	December	29,1986 525
	3. SE.	MALE	8 LACK	5. DATE OF BIRTH MONTH DAY YEAR 29	6 AGE (IN YEARS LAST BIRTHDAY)	
36		IRTHPLACE (STATE OR FOREIGN COUNTRY) 3 altimore ITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED DIVORCED	BAH; MORE	12b. KIND OF BUSINESS C
0	B	AL RESIDENCE LIF NURSING HOME O	(IF NOT IN SUCH FACILITY, GIVE S		(TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY HOSP.
3	13a. 5	TARY / NAME			301 MO MI	ECHEN Stall
	5	HANTEY WAS DECEASED EVER IN U.S. AR	PRANT FORCES? 1166 SOCIAL		ADDRESS	BROWN
The medic		YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 216-2	10-7360 MARI	on PRYOR à	266 S. Alhol A
ic event, i		18. CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) CATED	10 PULMONARY ARI	2657	BETWEEN ONSET AND DEAT
0.00		Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF THE LUI	90 METASTA	ne)
Juner Iro		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS			
ilury, or other fro	NO	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS			
S any injury, or other fro	THEATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EQUENCE OF	MINAL DISEASE OR CONDITION 700 AUTOPSY? 7206. 18	
Item 18 shows any injury, or other fro	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196. CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED 216, HOW INJURY OCCU	MINAL DISEASE OR CONDITION 700 AUTOPSY? 7206. 18	GIVEN IN PART Ito YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\sigma \text{NO} \sigma \sigma
orked of frem to shows only injury, or other fre	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIE ETITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196. CONDITION FOR W. 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	EQUENCE OF TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED DAY YEAR 19 21t. HOW INJURY OCCU THICE, FARM, ETC.) 211 LOCATION STREET	MINAL DISEASE OR CONDITION 200 AUTOPSY? YES \(\sum \) NOE	GIVEN IN PART Ito YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\sigma \text{NO} \square \text{NO} \quare \text{NO} \square \text{NO} \quare \quare \text{NO} \q
m z i is morked or trem to shows any injury, or other fro		gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE AT WORK 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINE AT WORK 22a.1 certify that (1) (bits hosp saw the deceased dive or obove, (1) (we undid) (did not o	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196. CONDITION FOR W. 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	EQUENCE OF STO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED DAY YEAR 19 21t. HOW INJURY OCCU STREET Tom 19 11, and that in (my) (aur) opinio	MINAL DISEASE OR CONDITION 200. AUTOPSY? YES NOW IN CE	GIVEN IN PART I TO YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO NO NOTE: COUNTY STATE 19 that (I) we like the course stated
I: If item 2 15 morked or item		gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22a I certify that (I) (UTS hosp saw the deceased alive or obove, (I) (we fudid) (did not 22b SIGNATURE	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196. CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 21c. HOW INJURY OCCU PERCE. FARM. ETC.) 21l. LOCATION STREET DEGREE ATTENDING PHYSICIAN	MINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NO NO CE RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN 1 death occurred on the date and	GIVEN IN PART 1(0 EYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO (1) A18 PART 1 OR PART 2) COUNTY STATE
MAPORIAN I: If Item 21 is morked or Item 18 shows pay injury, or other tro	MEDICAL	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK 21d. INJURY OCCURRED WHITE AT WORK 22a I certify that (I) (UTS hosp saw the deceased alive or obove, (I) (we udid) (did not 22b SIGNATURE	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196. CONDITION FOR W. 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 21c. HOW INJURY OCCU PERCE. FARM. ETC.) 21l. LOCATION STREET TO DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO IN CE RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN A death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	GIVEN IN PART Ita YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO ALB PART 1 OR PART 2) COUNTY STATE LOUNTY STATE LOUNTY STATE LOUNTY STATE LOUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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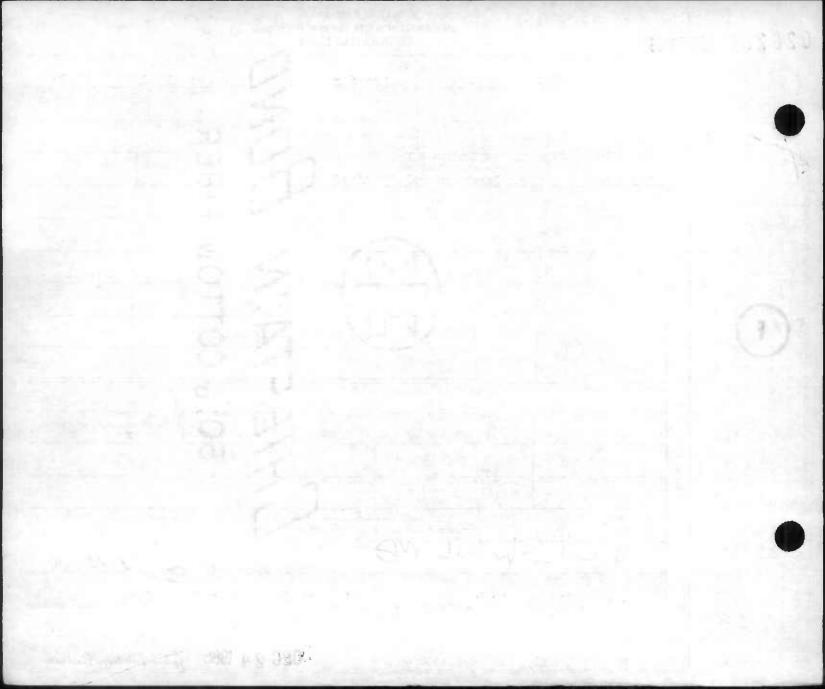
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0	
+	2	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the contract he executed within 24 hours.	8	
retained by the hospital or ottending physicion.	2	
TO FUNERAL DIRECTOR: After this certificate has been signed by the uthantling invarion and completely filled in by the trained director, page 3	9	
should be detached for use as the buriol-transit permit. Then please in managements. Pages (and 2 should be filed within 72 hours after death with the State Deat of Health and Mental Hyaiene brian to buriol, cremation or mineral.	0	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	Log	9	

DEC 2	FOR			DEPARTA		ALTH AND MENTAL HYC		G. NO.	3 44 -	ن ن
	PECEAS	ED NAME FIRST	MI	DDLE	LA	ST	20 DATE OF DEA	ТН монтн	OAY YEAR	2b. HOUR
		Charle	95	D.	Fr	azier, Sr.	Decemb	er 21,	1986	7:36 P
3. 5	EX		4 RACE		5. DATE OF		6 AGE (IN YEARS L	AST BIRTHOAY)	MONTHS DATS	IF UNDER 24 HRS
		male	B1 ack		10	9 30	23	56 YRS	MOINTHS DATS	HOURS MIN,
70.	BIRTHP		76 CITIZEN OF W	HAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE C	TY OR COUN	TY OF DEATH	
	COUNT	Md	U	SA	WIDOWED		Baltin	nore c	ity	M
10	CITY O	R TOWN OF DEATH		OSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCU			F BUSINESS OF
18"		timore	Maryla	nd Gener	al Hos	pital	Disable			0.1
Us 13c	UAL RE	Md (IF NURSING HOME OR 13b COUN		RESIDENCE BEFORE 36. CITY OR TOW Baltimore	'N 1	136 INSIDE CITY LIMITS? YES X NO []	13e STREET ADDR			
20"	FATHER	's NAME George	MIDDLE	Frazier		Helen FIRST	AME		LAS	nolds
160		ECE ASED EVER IN U.S. AR		6b SOCIAL SECU	IRITY NO.	17 INFORMANT	A	DDRESS	,,,,,	
1	(YES, NO	NO (IF YES, GIV	(E WAR OR DATES)	13-26-1648	3	Altheria E. Fr	azier 2	000 Wilk	ens Avenue	
"	18. 0	AUSE OF DEATH (Enter an	nly ane cause per lis	ne far (a) the and	die			OOO MITTE		MATE INTERVAL ONSET AND DEATH
	F	AUSE OF DEATH (Enter on ART I. DEATH WAS CAUSE	D BY. TE CAUSE (o)	MASSIVE	BILAT	ERAL PULMONA	RY EMBOLI			
~	cou	aditions, if any, which we rise to immediate se (a), stating the lerlying cause lost	(c)	as a conseque	ENCE OF	obe pulmonar		2		
Z Inux		1 2 OTHER SIGNIFICANT	CONDITIONS CON			of related to the term 1 hypertroph			IVEN IN PART	0
CERTIFICATION	190 0	PATE OF OPERATION	196 CONDITI		-1	WAS PERFORMED	200 AUTOPSY1	20b IF Y IN CERT	ES, WERE FINDIN	GS USED OF DEATH?
	OP C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEA	HOUR A.M	MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	AT W			T, FACTORY, OFFICE, F		211. LOCATION STREET		OR TOWN	COUNTY	STATE
7 100		certify that (1) (this haspi saw the deceased alive on abave, (1/2 (we) (did) (dram) SIGNATIRE	tol) attended the Decem	deceased fram_ber 21g	December 86	Der 18, 19 86 that in (m) (our) opinion	, ta Dece	the dote and he	I 19 86 pur ond from the	
	77d	PHYSICIAN'S NAME (117PE O	OR PRINT)	raw	. 0	ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL DIRECTOR P	STAFF HYSICIAN []	12/3	1/86
MPORT		Dr. John Hwa	ing M.D			c/o: Maryla			ital	
	(SPECIF	L, CREMATION, REMOVAL Burial	236. DATE 12/27/86			metery or crematory emetery	Balto	WN	COUNTY	Md
7/84		ALDIRECTOR Funeral Home We	est 4300	Wabash Ave	enue	DEI	TE REC'D. BY REGIS		STRAR'S SIGNAT	



OR ATTENDING PHYSICIAN. The law requires in hospital or otherwing physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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O	6	O.	45.20	d	

ULL	7	GISTRAR		CERTI	ICAIL OF DEATH	REG. N	0		
			IRST MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(TYP	ORPRINT)	LEREST m.	FI	RAZIER	-	12 2	86	93pm
	3. SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
	K	F	W	MONT		72	YRS	THS DAYS	HOURS MIN.
W.		RTHPLACE (STATE OR FORE	16 76 CITIZEN OF WHAT COUNTE	2Y2 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
77		UNK UNK	UNK	WIDOW		City			MD.
	Die	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATE		12b. KIND C	OF BUSINESS OR
(1)		BALTIMORE	GOOD SAMARITA		ITAL	UNK	P WORKING LIFE		IIC
L			OME OR OTHER INSTITUTION GIVE RESIDENCE BE		1136. INSIDE CITY LIMITS?	13e.STREET ADDRESS	71P CODE		
15	1	MD. H	SALTO.CO. PARK		YES NO P		NDSOR	- PD	. 21234
PET.	H. F.	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LA	ST.
31	P	GABIRIEL	DiMA	RCO	KATHRINE	3		Del	VITA
-		WAS DECEASED EVER IN YES, NO OR UNKNOWN) (ECURITY NO.	17 INFORMANT	ADDRE		6	
2		NO	214-3	0-147	A LU	mily be	coleD.		
		18 CAUSE OF DEATH	Enter only one cause per line for (a), (b)		1,1	^ -			ONSET AND DEATH
			MEDIATE CAUSE (a)		rocarden 10	atave Loon		1 hour	ned to
		9 6 6 9 6	DUE TO, OR AS A CONSE	QUENCE OF	A ConoseCerola	Carlingace C	-	~	
	1	Canditians, if any, w		-	40 COMOSELENDEN	DA	act t	1	2015
		cause (a), stating	the DUE TO, OR AS A CONSE	OUENCE OF				-	
		underlying cause	(c)						
	z	PART 2 OTHER SIGNIF	CANT CONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN	IN PART 1	a
_	ATION	19a DATE OF ORWALK	N 196 CONDITION FOR WH	ICH OPERATIO	NI WAS BEREORASED	20a AUTOPSY?	20b. IF YES, W	ERE EINDI	NGS LISED
9	FICA	196 DATE OF CHANGE	196 CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED		IN CERTIFYIN	IG CAUSES	OF DEATH2
4	CERT	21a. ACCIDENT WAS	216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES [NO 🗂
7	0		HOUR A.M. MONTH	DAY YEAR	THE HOW INSORT OCCOR	(ENTER NATURE OF INJU	RT IN HEM TO PART	OKPARIZ)	
~	Š	(IF EITHER NOTIFY MIDE.	P.M.	19	211 LOCATION			_	
	MEDI	WHILE THE ACT MINES	LAT HOME STREET FACTORY OFFI	ICE FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK	heaf.	7.00	- 23		2/11	N	
		22a certify that (I) (the	a hospital) attended the deceased fra	. S.	and that in (my) (aveil animing		21 (J) 19.	of from the	that (I) (we) last
		abave, (1) (well (did	(did nat) view the body after death.	but he	nd that in my corn apinian	death accurred on the d	are and naor ar		
		226. SIGNATURE	To Olnegger	30	ATTENDING	MEDICAL STA	FF	22c DATE	12km
-	1	276. PHYSICIAN'S NAM	- //		PHYSICIAN [DIRECTOR PHYSIC	IAN 🗌	12	/3/02
		22d. PHYSICIAN'S NAM	hane or print)		8100 HARP	CIRI CIRI	2,276	1	
1	-	D.K. I	1146612				21437		
	23a.	BURIAL, CREMATION, RE	MOVAL 236 DATE	DATU	CEMETERY OR CREMATORY	23d LOCATION	1508	OUNTY	In STATE
	24.5	UNERAL DIRECTOR	100-6,1986	MICH	wood CENT	TE REC'D. BY REGISTRAR	CO PH	UV.	CU · IVID
7/B4	1	LONANG CILLA	PEL OF MEMORY	155		40.1	ZOB. REGISTRA	K 5 SIGNA	IUKE
	6	1111/ (17/1	161011101010101010101010101010101010101	0/	U	EC 4 1986	And		

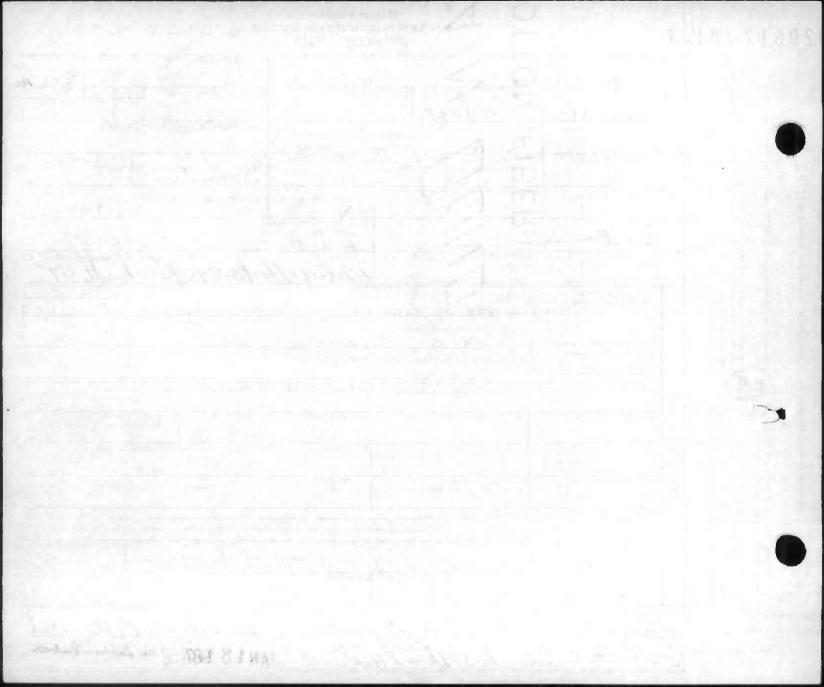
DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

12 JAN 14	817-	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 6 6 3	if a l
noy be		CEASED NAME FIRST ORPRINT) B/CINC	MIOOLE	Foodpalat		DAY YEAR 26. HOUR
ge 4 moy	3. SE		RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 10 21 08	6 AGE (IN YEARS LAST BIRTHOAY) 78 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
deoth Pog	1	RTHPLACE (STATE OR FOREIGN 7) TOUNTRY) Maryland	U.S. A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto City	OF DEATH MD.
by the fu		Balto.	(IF NOT IN SUCH FACILITY, GIVE STREET AS		12g USUAL OCCUPATION (1) OF WORK FOR MOST A PORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
in 24 hou		Md.	THER INSTITUTION, GIVE RESIDENCE BEFORF A Y 13t. CITY OR TOWN Balto.	YES NO	13e.STREET ADDRESS / ZIP CODE 808 St. Paul St	
omplered (xonin		Unknow	DDLE LAST	IS MOTHER'S MAIDEN NA	MIDDLE CO	ellens
on ond S. Poget I		VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN) (IF YES, GIVE UNKN	ED FORCES? 166 SOCIAL SECUR WAR OR DATES) 2.18-09-44	matting	locks-845 ke	hardt ST
p physics on paper removal.			one cause per line for (o), (b), and BY: CAUSE (o) Poly 1+ 12	espinatory D	istress Sandrom	approximate interval Between onset and death 2 weeks
he attendin emove corb mastion, or in traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUEN (b)	Fallune.	0	1 week
	7	underlying couse lost. PART 2. OTHER SIGNIFICANT CO	(c)	ATH BUT NOT RELATED TO THE TERM	MIN AL DISEASE OR CONDITION GIV	EN IN PART 110
14119	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
ELAN TA g physical entitions intel hydrometrical met l'hydrometrical	ICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18. F	
offerding offer this of the ond Marked or I	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	RM. ETC] 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIA upital or CTOR. A Life user of Healt n 2) is me		122a. I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not	19	, and that in (my) (our) opinion	death accurred on the date and hou	19, that (I) (we) lost or and from the causes stated
PAL DISE detached tote Dept		726. SIGNATURE	Engd	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/24/8C
TO HUNE TO FUNE TO FUN		122d PHYSICIAN'S NAME (TYPE OR	Friend	22e. ADDRESS		
BP	73a. 8	Surial Surial	1-15-87 9	AME OF CEMETERY OR CREMATORY	23d. VOCATION CITY OR TOWN Andowne	Balto Mid
DHMH - 16 60M 7/84 (VRA 15, 4)	6	tinell B. O.	len-163/0/ Lu	d Hillare	TE REC'D. BY REGISTRAR 256. REGIST	Parks SIGNATUR



STATE OF MARYLAND

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028707 DEC 3	18	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 0	3 4 -,
death 3	(1749)	EASED NAME FIRST		F	REEMAN	2a DATE OF DEATH MONTH	18-86 240f
ge 4 mo ector, pr	3. SE	MAVE	CANCASIAN	S. DATE C	CH Qt, 1906	6 AGE (IN YEARS LAST BIRTHDAY) PO YRS	
	B	intimate, my.	USA	WIDOWE		BANTIMORE CITY OR COUN	CITY MD.
30 miles		SAVTIMIRE 16		BRIATR	IC CONTER WATER	120 USUAL OCCUPATION (TYPE OF WORK FOR WOST OF WORKING EXECUTIVE	126 KIND OF BUSINESS OR INDUSTRY INS. CO.
AND 211	13a S	RESIDENCE (IF NURSING HOME OF OTHE TATE ARYLAND	136 CITY OR TOWN BALT IMORI	N I	YES XX NO 🗆	13e STREET ADDRESS / ZIP CO 2500 W.BELVEI	
MARYI multimed with	14, 14	JACOB MIDDI	FREEMAN LAST		15 MOTHER'S MAIDEN NAM FIRST SARAH	WIDDFE	KRAMER LAST
TMORE.	16a V	VAS DECEASED EVER IN U.S. ARMED			3623 ANTON F	. HARRIET™ETSNE ARMS RD. BALTO	ER O., MD 21208
physical physical physical paper milital went, the		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CA		FAILL	1 RE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death ce by the attended to cemple of a celebration, or a celebration, or a		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	10 0	WITH BLAY	OER EXTENSION	
RDS, 20 equires Then piece or to burn	NOI	PART 2 OTHER SIGNIFICANT CON	CONGESTIVE H	SART -	PAINAL	nal disease or condition (GIVEN IN PART 110
At RECO	THECAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
I OF VIT.	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCURRE	ED TENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
IVISION OTTENDED THE	MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN TTENDIN TOR AL To the of Health		22a. I certify that ((this haspital) of saw the deceased alive an abave, ((we) (did) that and view	17/10 19	Re an	d that in ((aur) apinian d	eath accurred an the date and h	, 19 , that (we) last aur and from the causes stated
AL OK AL OK AL DIRECTOR DEPTH DIRECT		22b. SIGNATURE Geoler			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1719/8
O HOSPIT TOTAL BY O FUNER Provide Breat A PORTAN		22d. PHYSICIAN'S NAME (TYPE OR PRIN ESTRELITA 6.	Kn, my		LEVINGME HOBR	FN GERLATRIC BE	Work & Hospital
BP		BURIAL	DEC. 22 1986 F	AITTM	ORE HERREW	23d. LOCATION CITY OF TOWN REISTERSTO	
DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR SOL LEV	INSON & BROS.,	INC.	250 DATE	REC'D. BY REGISTRAR 256. REG	

OW CORNE

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEC	17-	FOR STATE RIGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE &	NEG. NO.	3 4	Viet of	1 2
		CEASED NAME FIRST		WIDDLE	ı	AST	20. DATE OF	DEATH MONTH	DAY	YEAR	26 HOUR
	11172	Lura	Sue	F	reder	ick		12	15	86	12-35A
	3 SEX		4 RACE S. DATE O					EARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS.
		emale	Whit		May	9, DAY 1911 AR	75	Y h	s		
13		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED X	9 BALTIMO	RE CITY OR COU	NTY OF DE	ATH	
000	_	innesota	U.S.A		WIDOWE	D DIVORCED		more City			MD.
14/1	III CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	(TYPE OF WORK	OCCUPATION K FOR MOST OF WORKIN	IG LIFE) IND	USTRY	F BUSINESS OR
14	B 5	ltimore		Memorial		ital	Upe:	rator	- 1	ustry lext	ile
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COURT BAIL		136 CITY OR TOW Baltimo:	N	13d INSIDE CITY LIMITS? YES X NO [ADDRESS / ZIP C	ode Avenue	2	21211
500		THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		MIDDLE		LAS	T
CX		ames Albert Fre		Sr.		Bessie M.	. Barr				
dico	16a W	VAS DECEASED EVER IN U.S. AR YENO OR UNKNOWN) (IF YES, GIV	MED FORCES?	213 05 O		17 INFORMANT	owiole	ADDRESS	DDOM	D.J	21211
B		NO		213 05 0	Mary E. Frede	SLICK	2017 (11			21211	
ot, th		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	nly one cause per	line for (a , (b , on	dic	2 \	. 1-	rest	- 8	APPROXI	MATE INTERVAL ONSET AND DEATH
9 0			TE CAUSE (0)	Cardi	0 - 1	almonar)	/ /17	7631		-	
motic	DUE TO, OR AS A CONSEQUENCE OF										
trou	Conditions, if any, which gove rise to immediate										
other	cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF CONTROL CO										
0 10		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BLIT	NOT RELATED TO THE TERM			GIVEN IN	PART 1	
njury	Z	Regal Fo	ilure	Hall	da a	A SHOW	MITAL DISCASI	L OK CONDITION	Olafia na	AKT III	
J. J.	IFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?									
Smo	TIFIC	12/4/86	le	reference	el 60	which ulce	YES 🗆	NOX INCE	YES [CAUSES	OF DEATH?
8 sh	CERTI	210. ACCIDENT WAS UNDERLYING			AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEM	18 PART I OR	PART 2)	
ECT		OR CONTRIBUTING CAUSE OF DE.	2111	M. MONTH D.	19						
or l	MEDICAL	21d. INJURY OCCURRED		OF INJURY	A PAA FIC)	211 LOCATION		CITY OR TOWN	co	UNIY	STATE
orkeo	2	AT WORK AT WORK					,	011		2	
is mo		22a.l certify that (1) this hosp			12	13 19 86	, to	10/10		0	that (we) lost
121		sow the deceased alive or above, (I) (we (Idid)) did no	t) view the body	after death.		nd that in (my) (our) opinion	death occurre	d on the date and			
T. If Hen	7	8-4/lece	M	0		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22	12	15/8
A		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS				O H	1
MPORTANT		S. Wiener	MD			201 Univer	sity P	rkwv			
3		BURIAL, CREMATION, REMOVAL		23c. 1	VAME OF C	EMETERY OR CREMATORY	23d LOCA		COUN	TV.	STATE
_	I	Burial	12/18/	/1986	Weisb	urg Cemetery	Monl	kton, Bal	to.Co	1	AD (II)
A 7/84		UNERAL DIRECTOR	2 11			25a. DAT	E REC'D. BY R	REGISTRAR 256. RE	GISTRAR'S	SIGNAT	URE
4)	Bu	urgee-Henss Fun	eral Hor	ne, PA Ba	Ito.,	שוא	EU16	1986 Juli	a Sini	lacan	0

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	ter death Foge 4 may be	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed = 16 m 24 hours after death. Fone 4 may be	
W. PRESTON ST	not the death certi	
RECORDS, 201	low requires th	
DIVISION OF VITAL	ING PHYSICIAN: The	retained by the hospital or attending physician.
	AL OR ATTEND	the hospitol a
	O HOSPITA	etoined by

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softer deoth

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detoched for use as the buriol-transit permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.

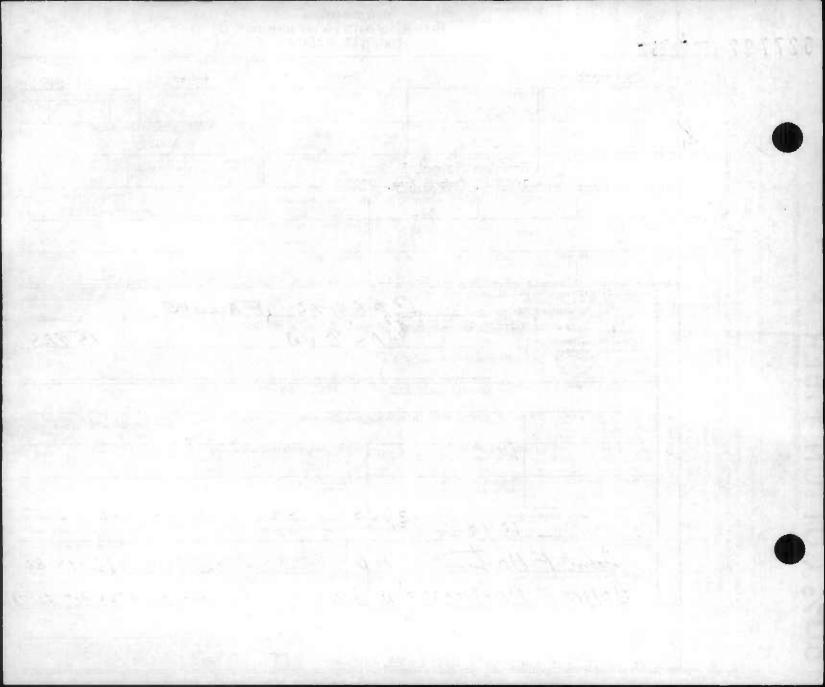
BP.

DHMH-16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	6	3	4	tion,	

Decease Name Test Mode Test Mode Test	A 0	FOR - STATE REGISTRAR	DEP		HEALTH AND MENTAL HYG	REG. N	3 4	-	
Margaret 12-18-86 18-16			WIDDLE		LAST			2b HOUR	
1. SEX S. DATE OF BRITH 1. COUNTY 1. S. A. 1. SEX 1. S. DATE OF BRITH 1. COUNTY 1. S. A. 1. SEX 1. S. DATE OF BRITH 1. S. DATE OF BR	1	Margaret			Frey	12_1	8_86	8.115A	
Female White 1-15-1896 90 yes	3 SE		4. RACE	5 DATE (AR IF UNDER 24 H	
U.S.A. MARRIED WIDOWEDS Baltimore City	1	Female	White	1-1	5-1896 YEAR	90		15 HOURS N	
MG. 10. CITY OR TOWN OF DEATH Balto. 11. INAMED PROSERTAL NURSING HOME OF OTHER INSTITUTION Balto. 12. CITY OR TOWN OF DEATH Balto. 12. CITY OR TOWN OF DEATH Balto. 13. MODITE PROSERTAL NURSING HOME OF OTHER INSTITUTION Balto. 13. MODITE PROSERVE HOME Balto. 14. FATHER'S NAME Balto. 15. MODITE PROSERVE HOME BALTINO OF UNITY HOME BALTINO OF UNITY HOME BALTINO BALTINO OF UNITY HOME BALTINO BALTINO OF UNITY HOME BALTINO BALTINO BALTINO OF UNITY HOME BALTINO BALTINO BALTINO OF UNITY HOME BALTINO	7a. B	IRTHPLACE STATE OF FOREIGN		ITRY? 8	D NEVER MARRIED				
Balto. CODE				WIDOW	DIVORCED				
13	10.0		Jenkins Meno	MEADER HON	ne	TYPE OF WORK FOR MOST C	F WORKING LIFE) INDUSTE		
If FATHER'S NAME IRST MODIE IAST IS MOTHER'S MADIEN NAME IRST IAST IAS		STATE 13b. COU	INTY 13c. CITY OR	TOWN	13d INSIDE CITY LIMITS?		o Avonuo -2	1213	
Baumer Katherine 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 214-20-3549 Joseph F. Frey - 2830 Lake Ave21213 18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF COnditions, if any, which gove rise to immediate cause (a) storing the underlying cause lost (c) DUE TO, OR AS A CONSEQUENCE OF Conditions of the underlying cause lost (c) DUE TO, OR AS A CONSEQUENCE OF Conditions of the underlying cause lost (c) DUE TO, OR AS A CONSEQUENCE OF Conditions of the underlying cause lost (c) DUE TO, OR AS A CONSEQUENCE OF Conditions of the underlying cause lost (c) DUE TO, OR AS A CONSEQUENCE OF C) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQU	14. F/		Dall	.0.			e Avenue -2	.1213	
NAS DECEASED EVER IN U.S. ARMED FORCES; No. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 18 INFORMANT ADDRESS AND ADDRESS AD	1	FIRST			FIRST	WIDDIE		LAST	
Test of Death Hender and an expose per fine for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (a), stating the underlying cause lost. OUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (b). STATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (a), stating the underlying cause lost. OUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (b). STATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (b). STATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (b). STATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (b). STATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (c). STATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (c). STATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (c). STATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause of post (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause of post (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause of post (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause of post (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause of post (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause of post (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause of post (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause of post (c) DUE TO, OR AS A CONSEQUENCE OF gove rise (c) DUE TO, OR AS A CONSEQUENCE OF gove rise (c) DUE TO, OR AS A CONSEQUENCE OF gove rise (c) DUE TO, OR AS A CONSEQUENCE OF gove rise (c) DUE TO, OR AS A CONSEQUENCE OF gove rise (c) DUE TO, OR AS A CONSEQUENCE OF gove rise (c) DUE TO, OR AS A CONSEQUENCE OF gove rise (c) DUE TO, OR AS A CONSEQUENCE OF gove rise (c) DUE TO, OR AS A CONSEQUENCE OF gove rise (c) DUE TO, OR AS A CONSEQUE	160	WAS DECEASED EVER IN LLC. A					Ċ¢.		
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190. DATE OF OPERATION 190. D		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF				5YR	
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTEY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT WORK 27e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 27e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 27e. 1 certify that the (this hospital) attended the deceased from 3 - 28 19.83, to 12 - 18. 19.86, that the (we sow the deceased alive an obove, 4) (we) (did) (did and view the body after death) 27e. SIGNATUIT DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COUNTY STAPE 27d. PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COUNTY STAPE 27d. DATE SIGNED 27d. DATE SIGNE	NOIL								
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270. I certify that the (this hospital) attended the deceased from 3-28 19-86, that the (we saw the deceased alive an obove, th) (we) (did) (did view the bady after death 19-80, and that in (sept-(aur) opinion death accurred an the date and haur and from the causes stored obove, th) (we) (did) (did view the bady after death 19-80, and that in (sept-(aur) opinion death accurred an the date and haur and from the causes stored obove, th) (we) (did) (did view the bady after death 19-80, and that in (sept-(aur) opinion death accurred an the date and haur and from the causes stored obove, th) (we) (did) (did view the bady after death 19-80, and that in (sept-(aur) opinion death accurred an the date and haur and from the causes stored obove, th) (we) (did) (did view the bady after death 19-80, and that in (sept-(aur) opinion death accurred an the date and haur and from the causes stored obove, th) (we) (did) (did view the bady after death 19-80, and that in (sept-(aur) opinion death accurred an the date and haur and from the causes stored obove, th) (we) (did) (did view the bady after death 19-80, and that in (sept-(aur) opinion death accurred an the date and haur and from the causes stored obove, the date of the date		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.			RED (ENTER NATURE OF NIJU	RY IN ITEM 18, PART 1 OR PART 2)	
sow the deceased alive an 12 8 19 8C, and that in (ay) (aur) opinion deoth accurred an the date and haur and from the causes stored as the date of the causes stored as the causes as the	MEDI	WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC)		CITY OR TO	WN COUNTY	STATE	
7.0. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR OPHYSICIAN 12-18- 27d. PHYSICIAN SNAME (TYPE OR PRINT) 27d. PHYSICIAN DIRECTOR OPHYSICIAN 12-18- 27d. PHYSICIAN DIRECTOR OPHYSICIAN 12-18- 27d. PHYSICIAN DIRECTOR OPHYSICIAN 12-18- 27d. PHYSICIAN DIRECTOR OPHYSICIAN DIRECTOR OPHYSICIAN 12-18- 27d. PHYSICIAN DIRECTOR OPHYSICIAN		sow the deceased alive at obove, (4) (we) (did) (did)	12-18	19 86, ai	nd that in (my) (aur) opinion o	, ta			
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY SI	-	22d. PHYSIAN'S NAME (TYPE	F-Hartman	M	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC			
(SPECIFY) CITY OR TOWN COUNTY ST		HOHN F					S. CATON-	Ave 21	
			12-20-86			CITY OR TOWN		STATE	
24. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR'256. REGISTRAR'S SIGNATURE	24. FU	UNERAL DIRECTOR	1 12 20 00	ALULY I				ATURE	
John C. Miller Inc6415 Belair Rd21206 DEC 19 1986			Inc =6/15 Role	ess air Rd -		C 1 0 1986	Ada Burry	To devide	



00200	STATE OF MARYLAND
027883 DG 23085	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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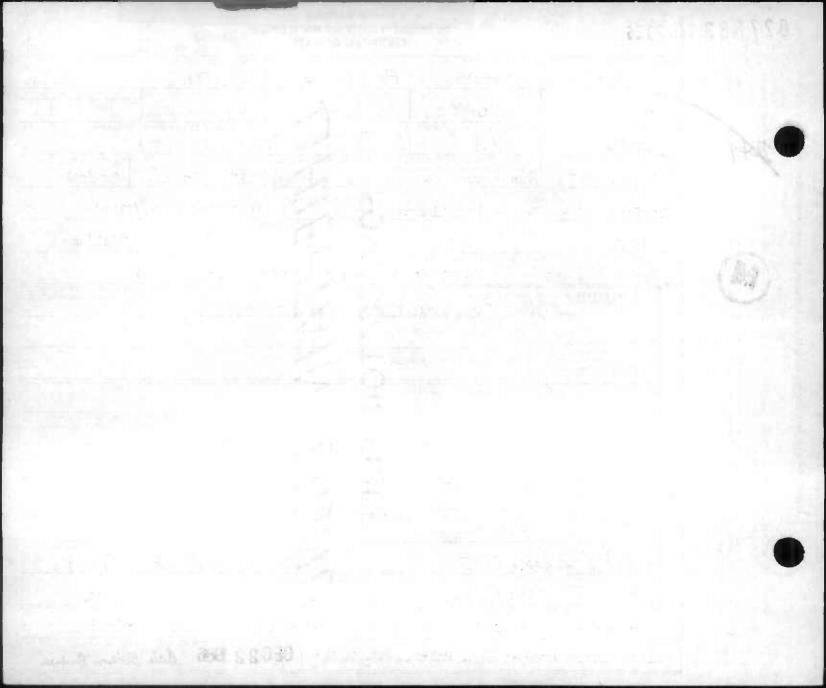
- 1								KEG. IV	J.			
ı		EASED NAME	FIRST		WIDDIE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HC	
	(ITTE	ROBEL	RT	Kenr	neth	FR	IED, Sr.	12/21/86			112	20/PM
1	1,58	(mar-		4 RACE	,	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEA		ER 24 HRS
1		M _{Ma}	le	Whit	ceW	MONTH	ZS ZS	61	YRS.	MONTHS DAYS	S HOURS	MIN.
		RTHPLACE STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	The service of the se	9 BALTIMORE CITY O		Y OF DEATH		
15		Maryland		U.S.	Α.		MARRIED NEVER MARRIED BOTTMORE CITY					MD.
,	10 CF	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSING HEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATI		126. KIND INDUSTR		NESS OR
	Co.	MORE CI	TY	FRANCIS :	SCOTT KEY	MED	ICAL CENTER	Self Employ	yed		icab	
	USUA 13a. S	AL RESIDENCE (IF NURS	13b COUN		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	F		
1	Ma	ryland	-	The second secon	Baltimo	re	YES X NO	1621 Elrino	o St.	/21224		
	14. FA	THER'S NAME		AIDDLE	LACT		15. MOTHER'S MAIDEN NA	ME				
-	3	Floyd		NIDDLE	Fried		Grace	MIDLAE		Will:	iams	
		(AS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS			
1	(1	Yes	WWII		219/16/4	371	Peggy C. Fri	ed (same as	13e.)		
Ì		18. CAUSE OF DEAT	H (Enter onl	v one couse per	line for (a), (b), an	d (cs.)				APPRO	DXIMATE INT	TERVAL ND DEATH
1		PART I. DEATH W	AC CALICER	DV	ARDIO PUL		RY BRREST			00,1312	S. Ortsell A.	-D DEAM
1			IMMEDIAII				75 (56.55)					
1		C the of		DUE TO, O	R AS A CONSEQUE	NCE OF						
-		Canditians, if any, gave rise to imm		(p)_								
		couse (a), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF						
		onderlying cause	IOSI.	(c)_								
1	Z	PART 2. OTHER SIGN	NIFICANT C	onditions <u>co</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART	la	
	CERTIFICATION											
2]	CA	190 DATE OF OPERA	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		S, WERE FIND FYING CAUSE		
-	II.							YES NO		S 🗌	NO	
2	CER	210. ACCIDENT WAS UNE		21b. TIME C	OF INJURY M. MONTH DA	AV VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 F	PART 1 OR PART 2)		
/	AL	OR CONTRIBUTING (M.	19						
	MEDICAL	21d. INJURY OCCUR		21e. PLACE			211 LOCATION					
1	W	WHILE NOT WH	INE	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM ETC }	STREET	CITY OR TO	WN	COUNTY		STATE
1		22a.1 certify that (1)		al) attended th	e deceased from	17-/3/	F 6 19	10 12/21/	FG	10	that (I)	(we) last
١		saw the decease	ed alive an	12/21/8	6 19		nd that in (my) (aur) apınian	death occurred on the de	ate and hou			
		obove, (I) (we) (c 22b. SIGNATURE	aia) (aia not	view the bady	after death.		DEGREE			72c. DAT	E SIGNEI	D
		1/1017	Sab	IMA T	167		ATTENDING PHYSICIAN [MEDICAL STAI		12/7	1/0	
Н	10	22d. PHYSICIAN'S NA	ME (TYPE OF	PRINT)			22e ADDRESS	DIRECTOR FITTSIC	MINI	1/-	7.5	0
		NEAL -	T. <	AKIMA	410		4946 EATTER.	1 ALT DAY	20 110	010	246	
-	02.0	HOLAL COSTANT		MOUNT	my	11115 05 -	III O CHOICK	N WE BUT	0,/14	166	4	
		URIAL, CREMATION,		23b DATE			EMETERY OR CREMATORY	y Baltimor	1/1-	COUNTY		STATE
		Crematio	n	12/22	/1986 Gre	emn M	lount Cremator	A Retrimon	e, Ma	тAтаиа		

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(VRA 15, 4)

24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md. 21222 DEC 22 1986 Julia Diridon Par

Julia Divideon Raidal



9004 JAN	-6	TATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	3 4 - 1 5
1 000 000 000 000		CEASED NAME FIRST	MIDDLE	Friend	20. DATE OF DEATH MONTH	25 86 0 - 45mp
ge 4 may ector pa	3 SE	hale	1. RACE White	5. DATE OF BIRTH MONTH DAY 23 28	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
D4 90 30	M	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED WIDOWED DIVORCED	1 BAHT	MOVE. Cillyno.
112	10	ALTHONE-	(INNOT IN SUCH FACULTY, GIVE STRE	in Veterian 5. 140	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Crane Opera	
MI B	13a.	ATATE CATE	NTY 13c CITY OR TO		13e.STREET ADDRESS / ZIP.C 2452 MANSH	
1 106	21	larry	G. Frie	end Ruth	MIDDLE E.	Friend
(11)2		VAS DECEASED EVER IN CARA- YES, NO OR UNKNOWN) (IFYES, C	15- 163-22.	. 74xx Betty I. I		
death certifical attending plays over carbon ap rison, or rema- coumotic event.		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which	nly one couse per line for (a), (b), of DBY: TE CAUSE (a) DUE TO, OR AS A CONSEQ (b)	matory funcs;	t - = cell cource	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
igned by the en pleose rem obvious, cremo	7	/11		DEATH BUT NOT RELATED TO THE TER		U GIVEN IN PART 1 (a)
The law requires to be hos been at permit. The permit point is now, only into	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	HOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
HYSICIAN Introduction physical Introduction in Mendal Hys or three 18 s.	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER. NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I ORPART 2) COUNTY STATE
ATTENDING Proping of the other of the the other of the other other of the other	W	sow the deceased alive or	(AT HOME, STREET, FACTORY, OFFICE	12/23 19 8	C. to 11/2+	thou and from the course stated
PITAL OR , by the ho ERAL DIRE or detuched Shire Digit		22d PHYSICLAM'S NAMED (TYPE	OR PRINT)/ 1	122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12-25-36-
TO HOSPITA (110 HOSPITA TO FUNERA should be di with the Sto		BURIAL, CREMATION, REMOVAL	A (10 5 M. D)	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	of flupping
BP		Burial UNERAL DIRECTOR	12-28-1986L		CITY OR TOWN ATE REC'D. BY REGISTRAR 256. RE	Frederick, STATE Md.

Charles W. Burrier, Jr. Sykesville, Ma

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STATE OF MARYLAND

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		EASED NAME FIR	ST	MII	DDLE		LAST		20. DATE KN	NOWN X	MONTH	DAY YEAR	26 HOL	R
Øti I		Edw	ard		F.	Fr	inger			AATED [12/1		36	N
STATE OF THE PERSON NAMED IN COLUMN 1	SEX	4. RACE	40M		YEAR LAST	BIRTHDAY) MOI	INDER 1 YR.	IF UNDER 24 HR	S. 2c. DATE PRONOUNC	ED		DAY YEA	8:0	JR (
Se /	9	le Whit	2.0	g.4,190		YRS.			DEAD				36 A	Μ
10	FO	HPLACE (STATE OR	76. CI	TIZEN OF WHAT	COUNTRY?			VER MARRIED			-			
- 4		Maryland Y OR TOWN OF DEATH	11. 54	USA AME OF HOSPITA	N NUIDEINIC		WED XX	DIVORCED L	Balt ISUAL OCCUPA		City			\D
1	u. Cii		II. N	NOT IN SUCH FACILITY	Y, GIVE STREET AD	DRESS)		FC	OR MOST OF WORKIN	GUFFE	k D	or indus	STDV	+
100	MUA	Baltimore NAME IN NURSING P	OME OR OTHER	1425 C1			St. Bal	to.Md.	I.J.C.T.T.	CHOI	K P		230	_
100	Ia. 51	ATE 13b-C	OUNTY	13	c. CITY OR TO	WN	13d. INSIDE CI	TY LIMITS? 13e. S						1
B -		ryland -			altim	ore	-	R'S MAIDEN NA	425 Cl		on St		TO M	1
M		rest	MIDDI		LAST		FI	RST	MIDE		та	ringe	222	
		AS DECEASED EVER IN U.S		ORCES? 16	Fring	CURITY NO.	17. INFORM	lorence	eott (ADDRESS	Md.2	1043	2.1	-
A/-	(YE	S, NO, OR UNKNOWN) (IF YES	, GIVE WAR OR	DATES)	212-01	1-8065	Vir	MANT Elli ginia	A.Pril	ler,3	737	Chatl	nam F	10
1		18. CAUSE OF DEATH (Ent	er anly one	cause per line for	(a), (b), and (r	c).)		11.7				APPROXIM	ATE INTERVAL	-
53		PART I DEATH WAS CA	USED BY:	JSE (a) Ar	terios	cleroti	c Card	liovascul	lar Dise	ease		de mee ron	OLI AND DEA	Ï
96			(DUE TO, OR AS										
ASA I		Canditians, if any, v		(b)		щ,								
8		cause (a) stating the unlying cause last.		DUE TO, OR AS	A CONSEQUE	NCE OF								
20			((c)										
EMA	z	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISE	ASE OR CONDITION	N GIVEN IN PART 1 10						
5-	CERTIFICATION	19a. DATE OF OPERATION		195 CONDITION	I FOR WHICH	OPERATION	WAS PERFOR	MED?			1	20 AUTOPS	5Y?	_
1	PRC	18.00										YES .		1
\exists	H	210. EXTERNAL CAUSE WA	S	216. TIME OF INJ			HOW INJURY	OCCURRED (ENT	ER NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PART 2		, NO X	
3		UNDERLYING OR	OF DEATH	HOUR A.M. M.	YAU HINC	YEAR 19								
	MEDICAL	21d. INJURY OCCURRED		21e PLACE OF II		OME, 21f. L	OCATION STREET		CITY OR TOWN		COUNT	***	STATE	
8	×	WHILE NOT WHILE		SIREET, FACTORY.	FARM, ETC.]		SIRCEI		CITY OR TOWN		COGNI	14	STATE	
0,2	M	22a. I certify that I took	charge of th	e remains discrib	ed abave, hel	d on Auto	ipsy .	Inspection X	, Inquiry	and	l in my apıni	ian		
3			Natural cau	VI /	odent .	Suicide [, Hamic		determined mani		,			
ARY		ANDREE		XV	1		TITLE (S	PECIFY)						
S		ACTUAL SIGNATURE		M	V	1	M.D. Ass	sistant _M	EDICAL EXAMIN	NER	DATE SIGNED.	12/	15/86	
87		EXAMINER'S NAME												
BALTIMORE	-	TYPE OR PRINT)		ry R. Ka					Penn St					=
and i	30.BU	RIAL, CREMATION, REMOVED PRINTERS 1	AL 236. DA	TE 17/1006	23c. NAME C	OF CEMETERY	OR CREMATO	DO TO TO	LOCATION ITY OR TOWN	rnio	COUNTY	CO N	STATE	
-	24. FI	NEDAL DIDECTOR		17/1986			H Mem	Park G	BY REGISTRAP	125b REGIS	TRAR'S SIG	NATURE	iu.	-
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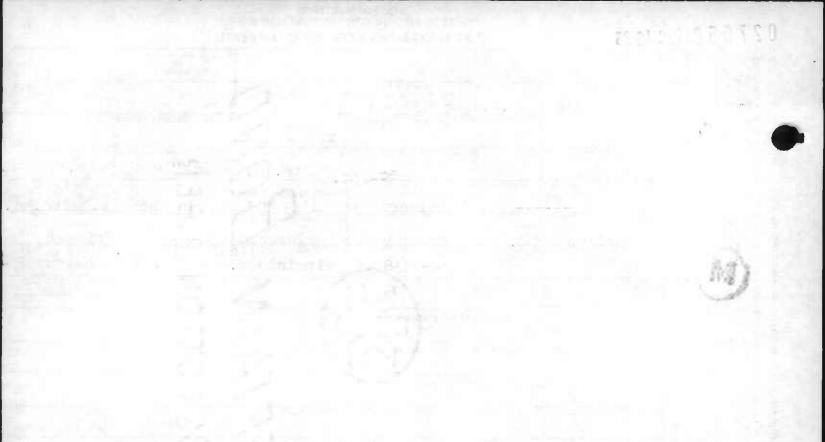
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

(VR A15 ME (5))

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McCully Funeral Home. 130 E. Fort Ave.



FOR

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

CREGISTRAR REG. NO. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 9:10Am RICHARD FRICRY 3 SEX 4. RACE MONTH DAY YE AR 28 BIRTHPLACE I STATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY DALtimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE MOUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Mary 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 58 Ames use 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) SMALL CELL CARCINOMA OF THE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (*(this haspital) attended the deceased from DECEMBER 86 DECEMBER 86 the deceased alive an DECEMBER 6 19 86 and that in (aur) opinion death occurred on the date and hour and from the causes stated above, (# (we) (did) (did view the body after death. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e. ADDRESS CHURCH HOSPITAL CORP IMPAGLIATELLI Broadway Balto 231 Md 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 12-10-86 CITY OR TOWN COUNTY STATE 00,195 24 FUNERAL DIRECTOR 250 DATE REC'D. BY, REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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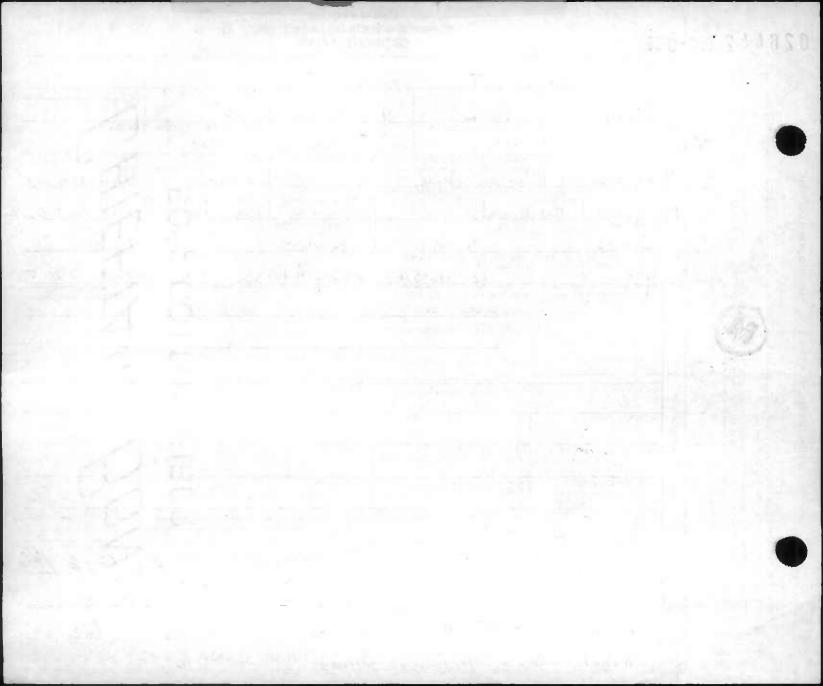
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YLAND 2126	thin 24 hours after death Foot 4 may be	ely filled in by the formal director, page 2 2 should be filed within 72 hours after death	iner pussibe out ties a cole

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAR

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	6 .	3	4	-	

	88	STATE REGISTRAR		FICATE OF DEATH	REG. NO.					
1		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR	
	{ TABE (WILLIAM	EDWARD		FULLER	Decemb	er 25	. 1986	1:02A.M	
1	3. SEX	4	RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Male	White	01/14/15		71 yrs "		MONTHS DAYS HOURS MIN.		
		OUNTRY) Maryland	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		Dal olinoid		Y OF DEATH	MD.	
/		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rey Medica			OR OTHER INSTITUTION	12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Exxon C			F BUSINESS OR	
)	I3a Si	TATE Md 136 COUNTY		1	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 612 S.Cli	zip cod nton	st. 21	.224	
	14 FA1	ATHER'S NAME FIRST Jim Fuller LAST			15. MOTHER'S MAIDEN NAME FIRST Mary Milanicz			LAS	LAST	
		AS DECEASED EVER IN U.S. ARMI ES NO OR UNKNOWN) HE YES GIVE V			IT INFORMANT Lena C.Fuller	ADDRE 612 S		nton St.		
		18 CAUSE OF DEATH (Enter only one couse per line for rol, (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF						APPROX BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF	Clerutic CV. Disease			18	18 yrc	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
P	CERTIFICATION	19a DATE OF OPERATION	ate of Operation 196. Condition for which of		ON WAS PERFORMED	YES NO	S NO YES YES			
		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	CAUSE OF DEATH HOUR A.M. MONTH DAY YE		216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P			PART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, FARM, ETC.)		21f LOCATION STREET	CITY OR TOWN		COUNTY STATE		
		22a. I certify that (1) (this haspital) attended the deceased from								
		225 SIGNATURE	. 1		DEGREE			22c. DATE	SIGNED	
		Justin 1	4. Dushel	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN			12-	12-26-84		
		Taken If Go	PRINTI PSKALMI)		120 ADDRESS	· . C .	1.	4		

236 NAME DE CEMETERY OF GREAT ORY

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TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Hea

TO HOSPITAL retained by th

RPORTANT. II

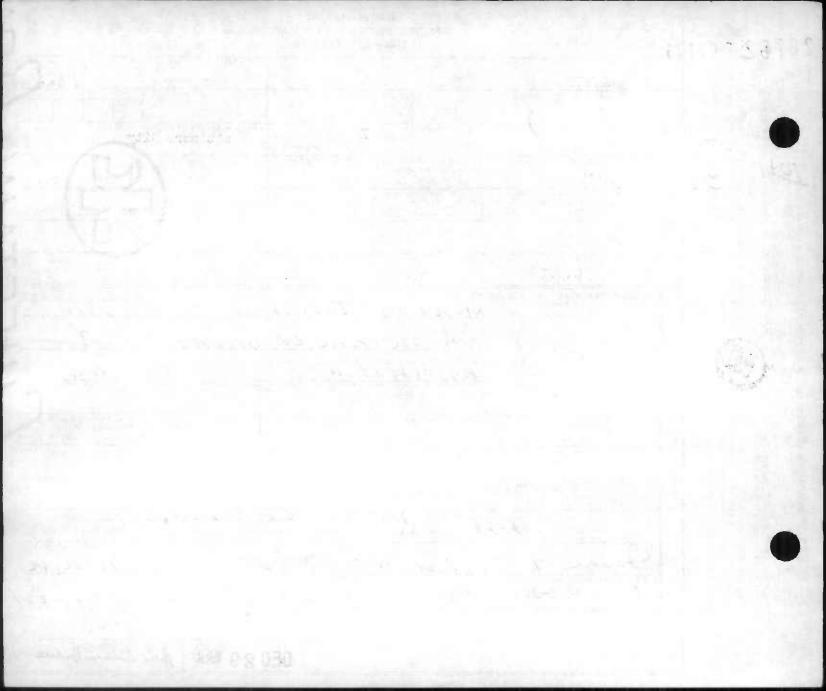
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR Chas. S. Zeiler & Son Inc. 62246 Eastern Ave.

12/29/86

DEC 2 9 1986 Julia Dandon Roides



	FOR 1 - STATE 2 REGISTRAR		T OF HEALTH AND MENTAL HYC ERTIFICATE OF DEATH	GIENE 8 6	3 4 4 1 9
or poge 3	O DEGEASED NAME (TYPE OR PRINT) ALE	XANDER LEE	FURR		MONTH DAY YEAR 26 HOUR 12 2 86 6 50
rector, pours ofter of	MALE	BLACK	DATE OF BIRTH MONTH 17 34	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
Ho od	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	U. S.A. w	AARRIED NEVER MARRIED DIVORCED D	BALTIMORE CITY OF	CITY M
1 1142	BALTIMORE	11. NAME OF HOSPITAL, NURSING H	ress)	ITECH AS	12b. KIND OF BUSINESS OF INDUSTRY
in 24 ho y filled I hould the	MARYLAND 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM UNITY 131. CITY OR TOWN	PE 13d. INSIDE CITY LIMITS?		MOBELLOOD AVENUE
ompletel	SAMUEL B	REWSTER FUR	R HESTER	WIDDLE	DESHIELDS
be exection and fig. Page	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (JE YES,	CINE WAR OR DATES	037 MARY FUR		MORE, MD. 2/2/. RIDGE WOOD AVE
certificate ing physicis rbanpaper r removal.	PART I. DEATH WAS CAU	only one couse per line for (o), (b), ond (c) SED BY: ATE CAUSE (o)	the corcinor	na rector	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 444
luires that the death signed by the attendity please remove can burief, cremation, que to a company to the company of the comp	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENC (b) DUE TO, OR AS A CONSEQUENC (c) T CONDITIONS CONTRIBUTING TO DEA	E OF	vinal disease or cond	OITION GIVEN IN PART TO
os been os been perior transcony in	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPI	ERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
HYSICIAN: The nding physicion his certificate his certificate his buriol-transit p. Mental Hygier or Item 18 show	OR COLUMNIA COLUMN		YEAR 19	RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PART 2)
DING PHYS or ottendir of ost the bu	OKCONINBUTING CAUSE OF I	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	211. LOCATION STREET	CITY OR TOW	N COUNTY STATE
vprten sprtol CTOR: for us of He	sow the degeneration obove, (I) (we idid) (did	pitol) ottended the deceosed from 12/1 19 80 not) view the body ofter death.		deoth occurred on the do	19 8 C, that (1) we) los te and hour and from the causes stated
PITAL OR A by the hose detached State Dept.	22b. SIGNATURE	1 Listfeld M		MEDICAL STAFF	
O HOS etoined TO FUN should be with the	22d, PHYSICIAN'S NAME (TYP		22e ADDRESS		
BP	230. BURIAL, CREMATION, REMOV. (SPECIFY) BURIAL	12/08/1986 WC	CODLAWN CEM		BALTIMORE, MO.
DHMH - 16 60M 7/84 (VRA 15, 4)		SONS FUNERAL AUS PKWY, BALTO,		F REC'D BY DECISTRADES	Shegistrap's signature Julia Dender Randare

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		STATE BEGISTRAR	DEPARI		CATE OF DEATH	REG	G. NO.				
Ī	I. DECEASED NAME FIRST MIDDLE		LAST		2a DATE OF DEAT	20 DATE OF DEATH MONTH		26 HOUR			
l		SAMUE	ī L	G	ARLAND	12-3	14-86	,	11 AM		
I	3. SEX	4	RACE	5. DATE OF	F BIRTH YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN.		
1	1	NALE	BLACK	7	10 01	85	YRS.				
1		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWEL		Baltimore Cit	OR COUN	TY OF DEATH	MD		
t	10 CIT	Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI	NG HOME OF		12a USUAL OCCU			F BUSINESS OR		
I	13	PALTIMORE	MT VERWO	ADDRESS)	DDRESS) I CARE CENTER UNKNOWN VA						
1	ISUA I3a S	L RESIDENCE (IF NURSING HOME OR OF TATE 136 COUNTY			134 INSIDE CITY LIMITS?	13e.STREET ADDRI		DE 2/2/	6		
1	14 FA	THER'S NAME	1057		15 MOTHER'S MAIDEN	IAME MIDO					
2		Armstead	R. Garl	and	Mat.	142	-	> dwy	er		
			ED FORCES? 16b SOCIAL SEC	URITY NO.	17 INFORMANT	4	DDRESS	, , ,	72		
		NO	214-62-	7102	MII. Ver	non La	re /	ucd.	1) ecov		
		18 CAUSE OF DEATH (Enter only one couse per line for Io), Ib), and IC) PARTI, DEATH WAS CAUSED BY: One of the couse per line for Io), Ib), and IC)									
		IMMEDIATE CAUSE (a) METASTATIC CARCINOMA									
	4	Conditions, if any, which (1) POSSUBLE COLUN & PRIMARY									
	gove rise to immediate cause (a), stating the underlying cause lost.								0.0		
ı		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
1	107	E CHRINIC KENT FAILURE GNL ASCUT									
7	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH C			I WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO					
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEM 18	B PART I OR PART 2)			
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19							
١	MED	21d INJURY OCCURRED WHILE NOT WHILE N	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	FARM ETC)	21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE		
ı		AT WORK AT WORK		10/10		× 15 1	51	06			
		22a.1 certify that (1) (this haspital saw the deceased alive on	1) offended he deceased from.	20112	that in (my) (our) apinio	n death occurred on t	e date and he		that (I) (we) last		
ı		obove, (I) (we) (did) (did not) : 22b. SIGNATURE	view the body ofter death	D	EGREE			22c. DATE	SIGNED		
		- A DAIN	ight wo		ATTENDING PHYSICIAN		STAFF YSICIAN				
		THE PHYSICIAN'S NAME (TYPE OR P	RINT)		22e ADDRESS	1 7 1 1			217/-		
1		A CENICI	que		2435 h	BELVE	DE14	ave	445		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician one should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pagawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) & LIPLA

FOR

23b. DATE

130 NAME OF CEMETERY OF CREMATORY

23d LOCATION

Bally or Town

COUNTY

on Cem. Ballo.

1350. Date REC'D. By REGISTRAR'S SIGNATURE

H9hx50EC 3 1 1986 Lia Diriam. Roda 24 FUNERAL DIRECTOR lia Diridon Pandres

026817 DEC		FOR MARY SCO	OTT GARRIS	VIV	ERTIFICATE OF		REG. NO	5 *	g Chr.	Ca 1
# 70 £ 44 # 0		CEASED NAME FIRS	MARY	R.	SARRISON	RISON		MONTH 2 DAY 8	8686	26 HOUR 10 F
0 0 0	1.58	X	RACE		DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	HDAY) IF UN	DER I YEAR	HOURS MI
A 001	11	emale	White	J	anuary 26	, 1893	93	YRS	15 DAYS	HOURS MI
0	4	IRTHPLACE (STATE OR FOREIGH COUNTRY) Pennsylvania		0 4	MARRIED NEVE	R MARRIED DIVORCED	BALTIC		CITY	
* 3	200	BALTIMORY	11. NAME OF	HOSPITAL, NURSING I		NSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF Housewife		26. KIND OF NOUSTRY Home	BUSINESS
AND 2120	130	STATE 1910	ME OR OTHER INSTITUTION COUNTY Ward	GIVE ESIDENCE BEFORE ADI 130 CITY OR TOWN Columbia	13d. INSIDI YES	E CITY LIMITS?	. 9285 Lap		urt	21045
AARYL d - th	30	ATHER'S NAME FIRST Donald	MIDDLE	Rhivers		R'S MAIDEN NA	WE		(Unkn	own)
9 1 / 1		WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECURIT			ADDRE	SS	Contient	OWLLY
INMOI Propried		(1F YI	ES, GIVE WAR OR DATES)	262-82-50	65 Dori	s Nicke	y Same as	# 13		
ST., BAL of physics on paper emoval.		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er anly one couse per AUSED BY: EDIATE CAUSE (a)	PNEUMO	NIA					NSET AND DEAT
STON funding on or or unable		Conditions, if any, which		R AS A CONSEQUENC	CE OF					
1 W. PRE that the di by the or observements of, crematic		gave rise to immedior cause (a), stating th underlying cause los	DUE TO, O	r as a consequenc	IE OF					
RDS, 20 equires signed the plant to burn, a	NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO DEA	ATH BUT NOT RELAT		AINAL DISEASE OR CON	DITION GIVEN IN	V PART IIo	
A RECO	CERTIFICAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OP	ERATION WAS PER		200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
OF VITS CLAN. T CLAN. T CLAN. T Colored 20.	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A	OF INJURY .M. MONTH DAY		INJURY OCCUR	RED (ENTER NATURE OF INJUS	TY IN ITEM 18 PART I	OR PART 2)		
NG PHYS attending on the burn th and Me	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET FACTORY, OFFICE FARM	211_LOCA	TION	CITY OR TO	wh (COUNTY	STATE
DI TENDIN TOR. All for one of of Health		22a I certify that (1) (this saw the deceased alin	hospital) attended th	1/8 10/6	and that in (n	ny) (aur) opinian	death occurred on the do	19_cate and hour and		hat (I) (we) l auses stated
At OR A the heat at DieEc denoched the Dept		obave, (1) (we) (did) (d 776. SIGNATURE	2 LINE	well DA	DEGREE M.D.	ATTENDING PHYSICIAN [MEDICAL STAF		121. DATE S	8-86
HOSPIT bured by 5 FUNER onld be 6 th the Std		PHYSICIAN'S NAME ((. Gree	nuell si	Meso			t. PAG		BACT

DHMH - 16 60M 7/84

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 12/10/86 Cremation

ALSO KNOWN AS:

Westview Crematory

STATE OF MARYLAND

23d LOCATION CITY OR TOWN Catonsville

Maryland

12b. KIND OF BUSINESS OR

_, that (I) (we) lost

BY REGISTRAR 256 REGISTRAR'S SIGNATURE Leroy. Russell C. Witzke Euneral Homes P.A 5555 Twin Knolls Road, Columbia, MD. 21045

San to the first
027

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y filled in by the funeral director, page 3 should be filed within 72 haurs ofter death

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 dig (in g

DEC 1 8 1986 Julia Davidson

E	g	REGISTRAR			CERTIF	ICATE OF DEATH	REG	NO.				
		CEASED NAME FIRST	1/1	MIDDLE	1	AS1	20. DATE OF DEATH	MONTH	DAY YEA	IR 21	. HOU	RA
-	(,,,,,	4 len			C	xxSqw Gy		12	16 8	60	10.3) / M
	3 SE	×	RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER IT		UNDER:	24 HRS
		Temale	WI	nite	2	2 19	67	YRS		ATS H	TOURS	MIN.
59	76 BI	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY	(? 8	D NEVER MARRIED	9. BALTIMORE CIT			Н		
dut) '	Pa.	U. S.	. A.	MARRIE		Baltin	ore C	itv			MD.
2	10 CI	TY OR TOWN OF DEATH	NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a USUAL OCCUP	ATION	12b. KIN	ND OF B	BUSINE	-
		Balto.		HEACILITY, GIVE STRE			Housew		INDUS	TRY		
1	USU	AL RESIDENCE (IF NURSING MEN OR OT	HER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)				7 7 1		24.3	
5	13a. S	Md.	alla	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS?	MESTREET ADDRES					•
4	14. F.A	ATHER'S NAME	ALI CA	Balto.		15. MOTHER'S MAIDEN NA	4404 High	iview	Ave.	#2]	229	
		FIRST	DLE	LAST	,	FIRST	MIDDLE			LAST		
_	14- 14	Theodore VAS DECEASED EVER IN U.S. ARME	D FORCECO	Lenic		Lucy	ADI	DESS		ul		
7		YES, NO OR UNKNOWN) [IF YES, GIVE W					Highview ^{AD}	iveB	salto.,	Md	•	
				199-09-	2629	Mr. Alan F. Ga	ssaway		#2122			
		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED)	one couse per	line for 101, (b), o					BETW	PROXIMA VEEN ONS		DEATH
		IMMEDIATE		TROBA	BLE	SEPSIS				PAY	15	
			DUE TO, O	R AS A CONSEQ	UENCE OF							
		Canditions, if any, which	(b)_(DVARIAN	UCAT	LCINOMA WI	TH MAS	SIVE	m	ON	17	15
		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQ	UENCE OF	NETASTASES	+ NECRO	515	1.70			
		underlying couse last.	((c)							-		
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION C	GIVEN IN PAR	tT Ira		
	O											
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FIL			
	TE						YES DOMEN !	JAC III CEK	YES T)3E3 OI	NO []
	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF I	VJURY IN ITEM 1	B PART I OR PAR	f 2)		
		OR CONTRIBUTING CAUSE OF DEATH		M. MONTH	DAY YEAR							
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION			COUNT		-	
	×	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE	E FARM, ETC)	STREET	CITY OF	NWOT	COUNT	1	51	TATE
		220.1 certify that (I) (this hospital	attended th	e deceased from		. 19	to		~2.0	the	ot (1) (w	ve) lost
		saw the deceased plive on				nd that in (my) (aur) apinion (death accurred on the	date and h	our and from			
	- 1	abave, (1) (we) (did) (did nat) 1 22b. SIGNATURE	riew the body	ofter death.		DEGREE			22c. D	ATESIC	GNED	
		Va. 5'	Tal		,	ATTENDING PHYSICIAN F		TAFF	12	1/1	110	71
-		774 PHYSICIAN'S NAME INFRIDATE	mi ary		,	22e ADDRESS	DIRECTOR PHY	SICIAN		1/6	0 1 8	-6
		112.50	F/ -	חיווהם			Es Hosf	701				
	0.2	UHMES	-	AYLOR				1 1116	•			
-		SPECIFY	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY		16/1	ď.
	_	remation	12-19-		estvie	w Mem.Pk.Cem.			Balto.			u.
	24	JNERAL DIRECTOR		2121	PAL	DE	REC'D. BY REGISTR	AR 25b. REG	ISTRAR'S SIG	NATUR	E	
	4	i Tuman Jen	WAB	PIK	CE #	=21229 Ut	: 6 1 8 1986	Julia	, Dandor	7.	المكافية	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and on should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

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page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

and

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-	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		ed in a w
ij	1. DECEASED NAME FIRST	#IDDI£	LAST		DAY YEAR 26 HOUR P
	(TYPE OR PRINT) MAMIE	L.	GAY	DECEMBER 30	, 1986 8:35 _M
-	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	Black	3 14 34		MONTHS DAYS HOURS MIN.
4	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? I MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
	MD	USA	WIDOWED DIVORCED	BALTIMORE	CITY MD.
The state of	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE THE JOHNS HO	SING HOME OR OTHER INSTITUTION (SET ADDRESS) PKINS HOSPITAI	TYPE OF WORK FOR MOST OF WORKING LIE	126 KIND OF BUSINESS OR FE) INDUSTRY
2 3 3	USUAL RESIDENCE (IF NURSING HOME O 130. STATE ND 13b COU		THE YES NO [624 N. Ellwood	
1	14 FATHER'S NAME FIRST Samue 1	MIDDLE Stewa	art Maci	WIDDLE	Foster
ī	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	103001
	(IF YES, GI	215-30-	7257 Robin Ga	y 624 N. Ellwood	Avenue
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	CATCILOM Latic discase	to fue livek	BETWEEN ONSET AND DEATH AUG TO AUG TO (SALINA DARI La
)	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Upper GI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
)		EATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 F	'ART I OR PART 2)
	GRECONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
	sow the deceased alive or	potal) attended the deceosed from 12 - 30 10 10 tot) view the body after death	DEGREE	Sto., to 12 - 30, pinion death accurred on the date and hou	
	27d, PHYSICIAN'S AWE (TYPE)	S, Gordon	ATTENDI PHYSICI 22e. ADDRESS		Balto, 2120s
	230. BURIAL, CREMATION REMOVAL		Garrison Forest		1 S MD
	24 FUNERAL DIRECTOR			a. DATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
	Wm. Narch F/	'H, Inc. 1101 E.	North Ave.	1AN 5 1087	William H. R. L.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

4107 Wilkens Ave.

Hubbard Funeral Home, Inc.

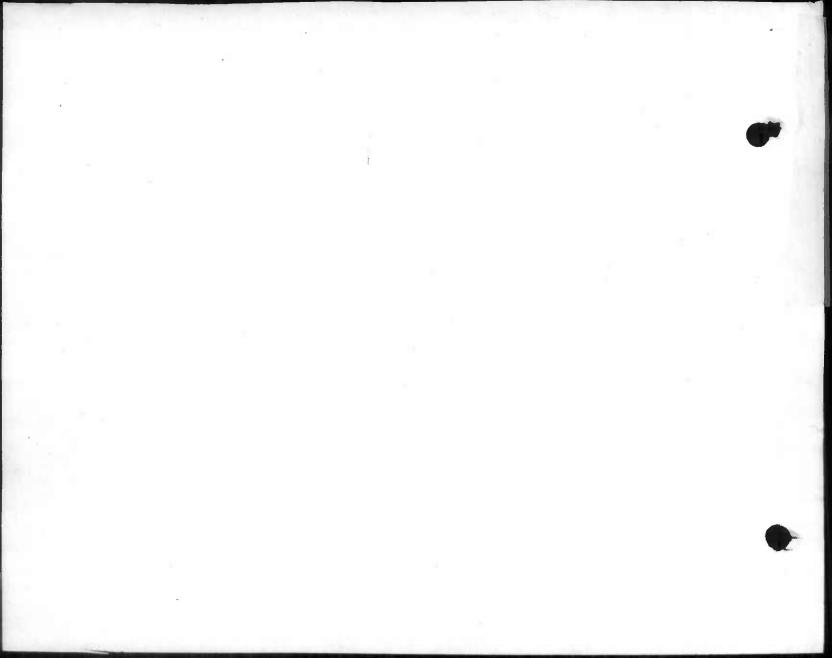
Julia David.

DHMH-16 30M 2/80

(VRA 15, 4)

Void Certificate

#86-34425



TO HOSPITAL

HMH (60M 7/84 (FA 15, 4)

R ATE GISTRAR	DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 O	3 <i>4</i> ,	. 2 0	
SED NAME FIRST EDNA	CORNELIA G	HEZ	20 DATE OF DEATH	MONTH DAY YEAR /2 - 28-86	- 20	7 ~
EMALE B	BIACK S. DATE C		6. AGE (IN YEARS LAST BIRT	YRS.		
eNbuRal	CITIZEN OF WHAT COUNTRY? 8. MARRIEI WIDOWE	DIVORCED [BAH IN	rode C		D.
TOWN OF DEATH 11.	(IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS)	2A Center	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTR	OF BUSINESS OF	R
SIDENCE (IF NURSING TO A E OR OTHE STATE OF THE STATE OF	burg Newbridge	13d. INSIDE CITY LIMITS? YES NO A		stwood A	re. TH	7
DECEASED EVER IN U.S. ARMED OORUNKNOWN) IF YES, GIVE WA		PAHIY 17 INFORMANT SALLY L	addre Angley		1.4	
CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE C	1 2 2 111 3 - 11 2	SPIRATOR	y ARRI	EST BETWEEN	DXIMATE INTERVAL NONSET AND DEATH	_
onditions, if any, which see rise to immediate use (a), stating the idenlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	AC ARRIT				_
RT 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	nal disease or cone	DITION GIVEN IN PART	110	
DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH FEITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART 1 OR PART 2)		
INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOV	wn COUNTY	STATE	

OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	The state of the s	ATER MATORE OF MOTORS IN THE MATO	TAKE TO TAKE 1	
21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STAT
	10	18 0%	12 - 2-8-	. 86	

22a certify that (I) (this haspital) attended the discovered alive an 12-2 saw the deceased alive an, and that in (my) (our) apinion death accurred on the date and hour and Irom the causes stated abave, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE

ATTENDING PHYSICIAN

nyo 224 PHYSICIAN'S

MEDICAC

MEDICAL STAFF
DIRECTOR PHYSICIAN

RAIKER 230 BURIAL, CREMATION, REMOVAL 23b DATE

New Grove Chyrch Cem. Kendrobge V.A. STATE

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

FOR THE STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

3. SEX

CERTIFICATION

MEDICAL

WAS DECEASED EVER IN U.S. ARME

18 CAUSE OF DEATH (Enter only

Conditions, if any, which gove rise to immediate

couse (a), stating underlying couse

190. DATE OF OPERATION

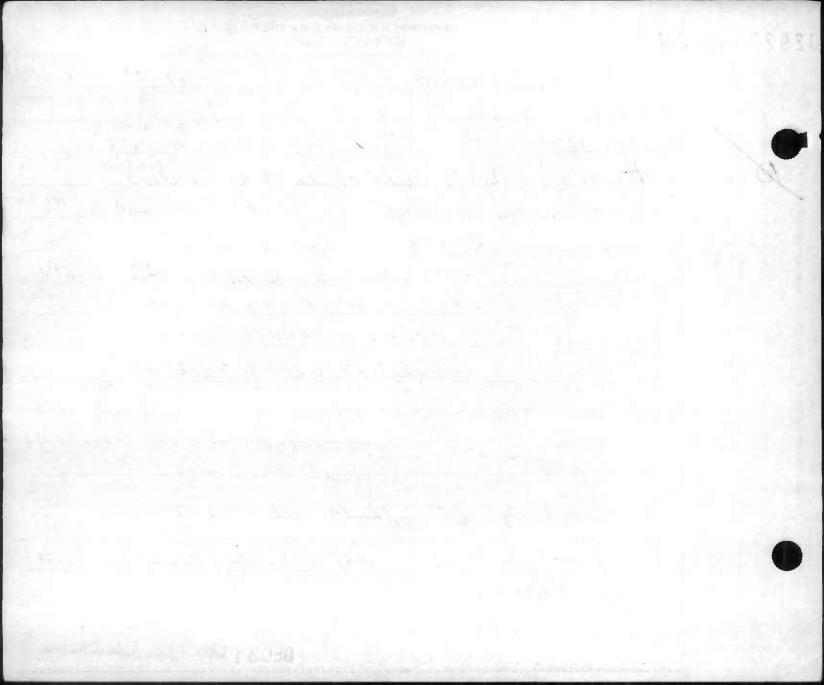
21a ACCIDENT WAS UNDERLYING

(YES, NO OR UNKNOWN)

DEC 3 1 1900 Julia Devider Redistration

March F.H. 4300 Wabash Ave.

12/87



26500	DEC !	-31	POR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 8 6	3 4	. 6 1
2 0 0 0 0			REGISTRAR EASED NAME FIRST OR PRINT)		MIDDLE		ST. Sr.	REG. NO.	DAY YEAR	26 HOUR
4 moy be far. page 3 after death		3. SEX	h -	4 RACE	lliam	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	F UNDER 24 HRS
Page	20	To BII	THPLACE (STATE OR FOREIGN	1	hite WHAT COUNTRY	MARRIE		9 BALTIMORE CITY OR COUN Baltimore	TY OF DEATH	
by the funero	3	10 CI	Y OR TOWN OF DEATH	NAME OF			D DIVORCED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION THE AVY MACH	126 KIND C	of Business or rhard t &
filled in by	3	13a. S	TATE THE CO	OR OTHER INSTITUTION UNITY A. CO.	GIVE RESIDENCE BEFOR	WN	13d INSIDE CITY LIMITS? YES NO XXX	13. STREET ADDRESS / ZIP CC Box 29 Nanr	DDE A V. O	May Inc. 21225
npletely f	Xomined	14. FA	THER'S NAME FIRST Frank	MIDDLE	Gibso		IS MOTHER'S MAIDEN NA			ayburn
an ond con	medicol		AS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SEC 234-16		17 INFORMANT Margarett	e Roberson Ba	7 Bigle alto. Me	ey Ave. d. 21227
ath certificate Brading physician	even the	1	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per ISED BY:		nd ic	croned He	morriage	BETWEEN	IMATE INTERVAL ONSET AND DEATH
he death cer ne attending emove carbo			Conditions, if any, which		RAS A CONSEOU	LENCE OF	12 Adeno	ca of the Li	inc	
of the	ath		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEOL	JENCE-OF	Secsis DAu	At Rone I failu	re.	
se de	njury, o	ION	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	Malna Malna	DEATH BUT	NOT RELATED TO THE TERM	ots millions.	ASC V	S.
3 9 6	500	CERTIFICATION	190 DÂTE OF OPERATION		ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES NO	YES, WERE FINDIP RTIFYING CAUSES YES []	NGS USED 5 OF DEATH? NO
	tem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	OF INJURY .M. MONTH [M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)	
G Pr affen s the	orked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTEND prital or TTOR. A for use	21 is m		220. I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on DAC	5 19	de , ar		deoth occurred on the date and I	hour and from the	
by the hores	VT: If Hen		22b. SIG THILLE	- fan	800	m	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	De C	5 Sh
O HOSPITAL OR A efoined by the hos TO FUNERAL DIRECTAL Should be detached	MPORTANT		MERODE	PIGUE	ands			L Wanver St	1217m	10 41230
BP		(urial, cremation, remov Specify) Burial	12/8	8/86 C	edar :	EMETERY OR CREMATORY Hill Cemete			
DHMH - 16 60. (VRA 15,		24 FU	Cully Fune	al Home	es Barto	tapsc	d. 21225	DEC 0 1006	ISTRAR'S SIGNAT	URE

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 86 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS VEAR BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED | 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e.STREET ADDRESS / ZIP COD 15 MOTHER'S MAIDEN NAME MIDDLE MYRTLE ADDRESS 17 INFORMANT MUTHER N GLOVER ST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1:00 Vm MIKE MATURITY 490 Gram 23 WEEKS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS NO P 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21f. LOCATION

CITY OF TOWN

and that in (my) (aur) apinion death accurred on the date and have and from the causes stated

ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

COUNTY

23c NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL ITOSPITAL CREMATION

24 FUNERAL DIRECTOR

23b. DATE 12-19-86

Francic Scott Key

4940 Easton Are 250, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Med

STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

Francis Scott Key Hedical Lenter



7306 DEC	16	FOR STATE SEDISTRAR	DEPARTA	AENT OF HE	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	GIENE Ö Ö	3 4 4 3 4
may be poge 3 ter death		CEASED NAME FIRST	Thy Lillian	GO	Mey	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 2015
ge 4 may	3 SE	×F	Cauca SIAN	5. DATE OF	BIRTH DAY YEAR 2 9	6 AGE (IN YEARS LAST BIRT	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Secoth. Po	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED		9. BALTIMORE CITY O Baltimor	R COUNTY OF DEATH re City
by the fune of the filed within [2]		Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GOOD Samaritan			120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O TEACHER	F WORKING HEEL INDUSTRY
24 hou ould be	130	AL RESIDENCE (IF NURSING HOM STATE 136 CC Maryland	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE DUNTY 136 CITY OR TOW Baltimo	N 11	3d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 5402 Spri	ZIP CODE inglake Way 21212
mpletely ond 2 sh		ather's NAME John Alexander	MIDDLE LAST Brawner		MOTHER'S MAIDEN NA		LAST
n ond co		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 16b. SOCIAL SECU (SIVE WAR OR DATES) 212-30-		Richard G.	ADDRE Gilley	Same
equires that the death certificate signed by the attending physici. Then please remove carbonpoper to burial, cremoilan, or removal. njury, or other traumatic event, th	N	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost	(8)	NCE OF	>		
low re low re prior re prior re prior	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DING PHYSICIAN: The or ottending physicion After this certificate he as the burial-transit polith and Mental Hygier marked or item 18 show	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR 211. LOCATION STREET		RY IN ITEM TB PART I OR PART ?)
TTENDIN pital or TTOR: Affor use o of Health		sow the deceased alive	ospitol) ottended the deceosed from		that in (my) (our) opinion	, to death accurred an the do	. 19, that (I) (we) la ate and hour and from the causes stated
At OR A the hos at DIREC detoched of Dept. T: If them		22b. SIGNATURE	ann		GREE ATTENDING PHYSICIAN [MEDICAL STAF	
HOSPITAL bined by the Stude by the State PORTANT:		22d. PHYSICIAN'S NAME (TO	PE OR PRINT) S. MANN		22e ADDRESS		SATTAL, BALTIMORI

DHMH - 16 60M 7/B4

(VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Dec. 17,1986

Druid Ridge

Pikesville, Baltimore Co., Md.

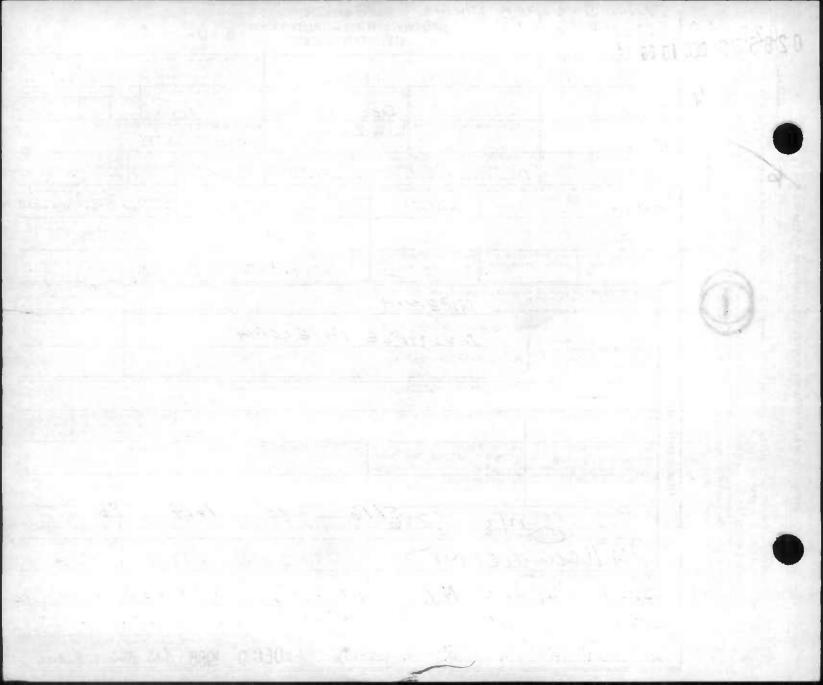
Dinder Budace

24 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212
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	9	10 MOSPILAL OR ATTENDING PHYSICIAN; the low requires that the departerintale be executed within 24 hairs are defined by the haspital or otherding physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the other burn payor, mand completely filled in the thing that the	should be detached for use as the burial-transit permit. Then please smaller managers. It ges fland 2 should b with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or eminates.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumation and remedical examiner must be so thed at ance
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(VRA 15, 4)

		17	Hems 544	BAD DEPARTA	STAT	E OF MARYLAND									
	-	1.	FOR 12/16/86	DIAD DEPARTI		EALTH AND MENTAL HYGI	ENE PO O	3 4 4 3 1							
55	16' DEC	144	CLASED NAME FIRST			FICATE OF DEATH	REG. NO								
o 0	÷		OR PRINT)	MIDDLE	•	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26. HOUR							
noy be	deot		IDA	KOMAN		INSBERG	DECEM								
4 mc	i V	3. SE		4. RACE	S. DATE (H DAY YEAR	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN.							
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oth.	P	1	COUNTRY) ARYLAND	USA	MARRIE	D IN NEVER MARKIED	BALTIMORE								
/	-		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	DN 176 KIND OF BUSINESS OR							
10 th	100		ALTIMORE	7121 PARK HEIGH		E. APT.210	Housewife								
n 24 heur filled in	d blass	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP ARYLAND	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY BALTIMO		IES [NO [(21215) HEIGHTS AVE. APT.210							
red within	ond 2 st	IA E	ATHER'S NAME LEWIS	MIDDLE		15. MOTHER'S MAIDEN NAM	MIDDLE	BUTTER							
execut and co	dicol	16a \	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN NO	E WAR OR DATES		17 INFORMANT	ADDRES	1 PARK HEIGHTS AVE.							
eq /	N			216-03-		JOSEFII K. G.	INSULING /IZ.	APT 210/212151							
cethificote			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) UREMIA												
heer he			DUE TO, OR AS A CONSEQUENCE OF												
depth	olo di o		Conditions, if any, which gove rise to immediate	(b) MULT	IPLE	E 199E CO	14								
to the), crem other		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF										
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low os be	s on	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
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NDIN P o R	deolt s mo			tol) attended the deceased from_	5/	16 19 85	, to /4/4	, 19 0 , that (I) (we) lost							
Spite CTO	1 for 1 2 1		sow the deceased alive on above, (I) (we) (did) (did no	12/3 19	00.0	nd that in (my) (our) opinion d	eath occurred on the do	te and hour and from the couses stated							
OR ATTEND te hospitol o DIRECTOR:	Dept Dept If Hen		22h SIGNATURE	d. 01 1111		DEGREE ATTENDING	MEDICAL STAF	22c. DATE SIGNED							
ITAL by th RAL		-	y u mu	aug m		PHYSICIAN X	DIRECTOR PHYSICI	12/4/86							
HOSPITAL ined by th FUNERAL	R he b		22d PHYSICIAN'S NAME (TYPE O	RPRINT)		1210 Det So.	2. i. PN#	102 LuthervillE MX							
5 et 5	with 1	-		23b. DATE 23c.1	LAME OF C	110/8 20/ 001	123d LOCATION	1 - or MILES CALLED							
	0 / 2	23a	BURIAL CREMATION REMOVAL	1/30. DAIE	YAME OF L	LEMETERY OR CREMATORY	ZICLUCATION								
BP	0 / 2	E	BURIAL, CREMATION, REMOVAL BURIAL		TTU TI	EMETERY OR CREMATORY FILOH CEM	WOODLAWN,	BALTO: OUNTY MD. STATE							



May be CO 6

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEC NO					

	1.	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE Ö O	5 4 -	O) one					
997 DEC	1-DE	GEASED NAME FIRST	WIDDLE	I	AST	20. DATE OF DEATH MONTH	DAY YEAR	76 HOUR					
page 3	WYP!	Christ	ine F.	Gi	pprich	December 9,	1986	1:15AM					
may er d	3. SE	X	I. RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS					
ector rs aft		Female	White	May	15 1896	90 _{YR}	MONTHS DAYS	HOURS MIN.					
Pour Pour		RTHPLACE (STATE OR FOREIGN 7	b CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH							
death.		Md.	U.S.A.	WIDOWE	DIVORCED [Baltimore	City	MD.					
the the	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN		F BUSINESS OR					
in by se file		Baltimore	Valley View OTHER INSTITUTION, GIVE RESIDENCE BEFORE		ing Home	Homemaker	-						
24 ho	13a. S	STATE 13b COUN	TY 13t. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO		01004					
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and the same of th	16a V	UNKNOWN VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	PITY NO	17 INFORMANT	unknown							
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1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) WAS CAUSED BY: ONDESTIVE (4674 L) PHILLIPLE											
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of the state of th		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF									
res. th peed per ples y, or		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	GIVEN IN PART 110)					
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os bee	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CEI	YES, WERE FINDIN	OF DEATH?					
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atter the street handhand	×	WHILE ONOT WHILE	(AT HOME STREET, FACTORY, OFFICE, F.	ARM, ETC.)	DOM	CHI ON YOUN							
NDIR II ar R: Af Use a Healt		72s.1 certify that It this hospite	all attended possessed from_	- 1	70-7-19	10		that (I) (we) last					
ATTE Sspite CTO d for 1. of h			view the body after death			death accurred on the date and							
the hour DIRE		In signafor eller	Loolious.		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	721. DATE	10 1R					
SPITAL I by th VERAL be dete		274 PHYSICIAN'S NAME THE OF	Agrica de la companya della companya		22e ADDRESS	J DIRECTOR THI SICIAL	1	200					
to FUNERAL should be det with the State		Dr.	Walker		Church	Hospital Cor	'n.						
7 = x + 3 ₹		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		STATE					
BP		ÜRTAL			Redeemer	Baltimore		Mď.					
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	JNERAL SCHImunek 3331 Brehm	Funeral Home, as Lane, Balto	Inc. Mc	: 21213 25a DE	REC'D BY REGISTRAR 256, REG	SISTRAR'S SIGNAT	O					

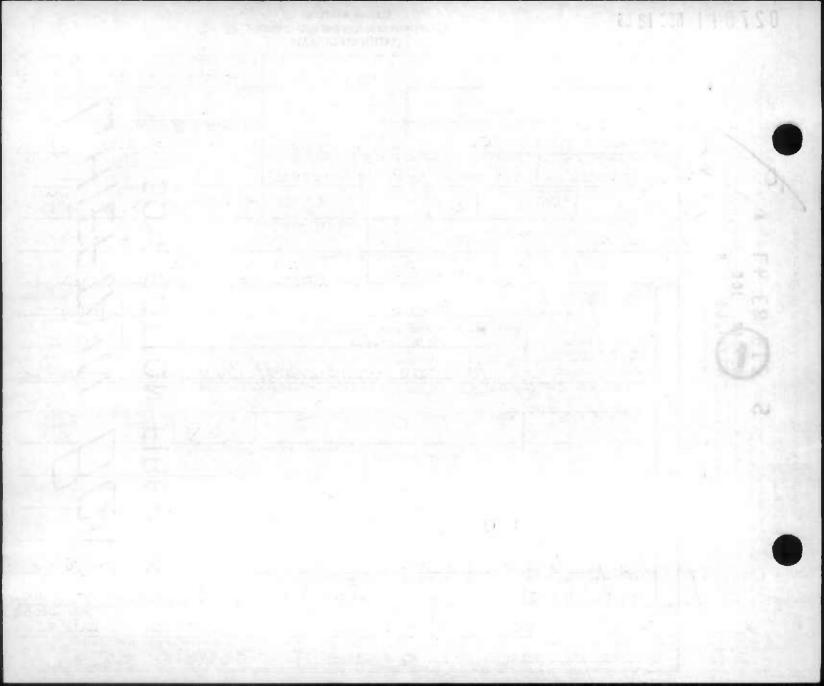


BALTO MD

21215

6010 REISTERSTOWN RD.

(VRA 15, 4)



Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

2n DATE OF DEATH

Prc 12 00

1 - STATE

O REGISTRAN

N FUNERAL DIRECTOR

Anatomy Board

DHMH - 16 60M 7 BJ

(VRA 15, 4)

MORT MASED NAME

DEC 3 8 188 Station

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		1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE O O	ن ٥.	a de la composição de l	·
128328	DEC .		CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1 2 8 3 6	DEC.	-0	PRINT)	ANNA		E.	GOI	FF		12 :	20 86	6:45P M
you od		3 SE	x /		4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YE	
to the total			Female		Whi	ite	MONTH 1		66	YRS.	MONTHS DA	YS HOURS MIN.
Pog P	Line		RTHPLACE (STATE OR	OREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY C		OF DEATH	
# 18	20		Maryland		U.S.A	1	100000	NEVER MARRIED DIVORCED		- Oi.	law v	140
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ofte the	2				(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST C	F WORKING LI	FE) INDUST	RY Air Way
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AN Paril	E	-	aryland			Baltimo	re	YESXX NO [1925 Harm	an Av	e. 21	230
MARYLAND 21 ted within 24 ho ompletely filled in		14. FA	THER'S NAME FIRST	,	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME			LAST
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RE,	icol		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECT	JRITY NO.	17. INFORMANT	ADDRE	SS		
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۸ از	other		cause (a), statin underlying cause		DUE TO, O	R AS A CONSEQU	ENCE OF					
the s the	oro				(c)							
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ORI reen	any in	TIO	19s. DATE OF OPERA	ION	TIBL COND	ITION FOR WHICH	OBERATIO	N WAS PERFORMED	20g AUTOPSY?	TON IE VE	C VA/EDE CINI	IDINGS USED
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r attending physicion. ther this certificate has been sign act the buriol-transit parmit. The	Sho	CERTIFICATION	i i i i i i i i i i i i i i i i i i i		1 011 7115	NE ILLIEN		Mat. How bulley a co	YES NO		S 🗌	NO [
AN: AN:	H 8		OR CONTRIBUTING		TH HOUR A.	M. MONTH D	AY YEAR	ZIE HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	₹Y IN ITEM 1B I	PART I OR PART	2)
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ADIN OF STATE	en lit		22a. I certify that (1)	(this haspit	(al) ottended th	ne deceased from_			, to		19	_, that (I) (we) last
TTEN Dital	21 i		saw the decease abave, (1) (we)10	d alive on.	Vicion de bach	19_	, ar	nd that in (my) (our) opinio	n death accurred an the de	ate and how	or and from	the causes stated
R A Hospi	e a		22b. SIGNATURE	na) (did nai	I) view arie body	difer death.	2	DEGREE			22c. D /	ATE SIGNED
the of the office of the offic			(Com	106	Valuel	11/1	m	ATTENDING	MEDICAL STAI		112	122/86
PITA	Stoll		22d. PHYSICIAN'S NA	ME (TYPE OF	R PROVIDE			22e. ADDRESS	PIKECIOK PHISIC	IMIN [1	1-1-1-
Sob de la	ORT		Waterfie	1.3	0			St. Agnes	Hosp. Onco	1000	Dent	
5 de 10 de 1	W W	22 6	Waterile	IU	Louis	Too		J St. Agries	nosp. Onco	LOGY .	rapr.	

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal IMPORTANT: If Hem 238 BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION Garrison Forest Va. Cem. Owings Mills Balto. 12/24/86 Buria

24 FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE DEC 22 1086 Julia Dender Kindale.

Md.

2.637 1 7 28.5

STATE OF MARYLAND

DATE OF BIRTH MONTH

9

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Agnes Hospital

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

MARRIED TO NEVER MARRIED

ST	20 DATE OF DEATH MONTH	DAY 1	EAR	HOUF	1
90000	12 3	25	86	9:3	JP/
F BIRTH DAY YEAR 10 06	6 AGE (IN YEARS LAST BIRTHDAY) 80 YRS	IF UNDER		IF UNDER 2	4 HRS MIN.
NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEA	TH		
DIVORCED	Baltimore (M
R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	IFE) INDL	ISTRYSK	BUSINE	DWS
]	Electrician	Poi	nt c	Ship	var
13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	ÞΕ			
15. MOTHER'S MAIDEN NA	4103 Hollins Fo	erry	Road	1 2	12
FIRST	WIDDLE		LAST		
Corale				Max	NC
17 INFORMANT	ADDRESS				
Victoria Gof	f 4103 Hollins I	Perry	Rd	_21	227
				ATE INTERVISET AND D	

224-09-0602 NO Victoria Gof 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY MONAMY EMBOLUS IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

ZHEIMEN'S DISEASE 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

CVA

HOUR A.M. MONTH DAY YEAR

21e. PLACE OF INJURY

CLARENCE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c CITY OR TOWN

LAST.

Coff

Lansdowne

16h SOCIAL SECURITY NO

White

7h CITIZEN OF WHAT COUNTRY?

U.S.A.

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

NO

AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from.

abave, (1) (we) (did) (did nat) view the bady after death

21f LOCATION CITY OR TOWN COUNTY

_, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

22b. SIGNATURE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

saw the deceased alive an

- STATE

3 SEX

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ā signed Then plea

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has bee

FUNERAL DIRECTOR:

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buriol-transit p After this certificate

or Item 18

morked

IMPORTANT

CERTIFICATION

MEDICAL

REGISTRAR DEDEASED NAME

Male

Virginia

Baltimore

Maryland A. FATHER'S NAME

To. BIRTHPLACE (STATE OF FOREIGN

CITY OR TOWN OF DEATH

Thomas

19n DATE OF OPERATION

21d. INJURY OCCURRED

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

EIRST

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

Baltimore

MIDDLE

136 COUNTY

ROY.

22e ADDRESS

Loudon Park Cemetery

St. Agnes Hospital

230 BURIAL, CREMATION, REMOVAL 23b DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION Baltimore

2/30/86 Burial 24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Home 4611 Park Heights Ave

Law Funeral

requires that the death certific

r deoth. Page 4 may be

	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	GIENE & O	3 4		. d
1 6 0 000	TYPE	PEASED NAME FIRST	: W]	WIPPLIAM CYLUS LAST Gold berg			DECEMBER 2,1986 6:05 PM			
may . pog ter de	3. SE		4. RACE		5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
3. SEX MALE TO BIRTHPLACE (STATE OR FOREIGN MARYLAND)						r. 2, 1917 far	69	YRS.		
		USA widowi			BALTIMORE CITY BALTIMORE CITY					
by the fu	BA	ALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF STREET ADDRESS) GOOD SAMARITIAN I			120 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF SALESMAN	126. KIND OF BUSINESS OR INDUSTRY INSURANCE			
in 24 hour ly filled in lashould be female be	13a S		DR OTHER INSTITUTION JUST Y	13c. CITY OR TO BALTIN	WN	13d. INSIDE CITY LIMITS? YES NO 🔏	13e.STREET ADDRESS / 813 JUDY	ZIP CODE LA.	#2	21208
14. FATHER'S NAME FIRST LEWIS			GOLDBERG LAST			15. MOTHER'S MAIDEN NA SARAH	WIDDIE	WN LAST	N LAST	
an and c	160. V	VAS DECEASED EVER IN U.S. A XES. NO OR UNKNOWN) (IF YES. G	RMED FORCES?	213-05-		MRS	S.ESTHER CYL BALTO	US		21208
HOSPITAL OR ATTENDING PHYSICIAN; The day requires that the destition and by the hospital or ottending physicial FUNERAL DIRECTOR, After this certificate that been ugned by the attendit val be detached for use as the buriol-troost permit. Then please remove contact the Stote Dept. of Health and Mental Hyginin and to buried competition to the traumant ONRTANT; if them 21 is marked or them 18 share day, militing or attheir traumants.	NOI	DUE TO, OR AS A CONSECUENCE OF WINN WING gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	G CAUSES	
		210. ACCIDENT WAS UNDERLYING OR CONTINUITY (2) CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	DE INJURY .M. MONTH I .M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	1
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	٧N	COUNTY	STATE
attendin spitol or CTOR: Af I for use o of Health		220-1 certify that (1) (his hospital) attended the deceased from 12 a 19 to 19								
y the ho y the ho RAL DIRE detoched of Dept of Dept of Hen		22b. SIGNATURE	amphi			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22¢ DATES	IGNED
ro HOSPITAL retoined by to TO FUNERAL should be def with the Stote		22d. PHYSICIAN'S	OShim	MD.		Cook Sa	maritan Hospi	(4)	1.1	
BP		BURIAL, CREMATION, REMOVA SPECIFY BURIAL	DEC.4,	1986	BETH ?	EMETERY OR CREMATORY IFILOH	23d LOCATION CITY OF TOWN BALTIMOR	E		LAND
DHMH - 16 60M 7/84 (VRA 15, 4) -		UNERAL DIRECTOR SC 5010 REISTERSTO	L LEVINS WN RD.	BALTÔ.,			EC 5 1986			Randalla

SION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 01201	2
5	9
PHYSICIAN: The law requires that the deoth certificate be executed — thin 24 form although the Amoy be ending physician.	2
this certificate has been signed by the attending physicion and computery meanings me funite arrector page 3 ne build-transit permit. Then please remove carbon papers, Pages	4
nd Mental Hygiene prior to burial, cremation, ar removal.	•

3214 JAN -	5187FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	9 6 REG. NO.	3	4 4	3 !	9
y be leath	1. DECEASED NAM {TYPE OR PRINT}	ROBERT		NRY		DSMITH		ember 29	, 1986		26 HOUR	Ph.
ge 4 moy ector po rs ofter d	3. SEX Male		4 RACE Whit	te	July	12, 1925 FEAR		IN YEARS LAST BIRTH	DAY) IF I	UNDER 1 YEAR	IF UNDER 24 HR	S.
And die	76. BIRTHPLACE (COUNTRY) Maryla		76 CITIZEN OF	WHAT COUNTRY?	0	NEVER MARRIED	9 BALTI	MORECITY <u>OR</u> Ltimore	COUNTYO	FDEATH	,	MD
N DC	Baltimo		(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET North Ch	ADDRESS)	Street	120 USU	AL OCCUPATION VORK FOR MOST OF V	N	IZE KIND OF INDUSTRY Cater	f BUSINESS C	OR
1 (101)	USUAL RESIDENCE 130 STATE Maryland	13b. COU		Baltimo	/N	13d Inside City Limit	13e.STRE	et ADDRESS / 2	ZIP CODE			_ 1 21 8
and white	Rober	rt	MIDDLE H.	Goldsmit		15 MOTHER'S MAIDEN	N NAME	WIDDLE		Kei		
n and c Pages	160 WAS DECEASE (YES NO OR UNKN) Yes	OWN) (IF YES GI	RMED FORCES? VE WAR OR DATES) VIII	218-12-3		A.Goldsmi	ith 4300	ADDRESS N. Cha		St. 21:	218	
ow requires that the trial. Then please trial. Then burial, creeprior to burial, creeprior ony injury, at other	PART 2 OTH		(c)CONDITIONS CO		DEATH BUT	NOT RELATED TO THE		UTOPSY?	20b. IF YES, W	VERE FINDIN	GS USED	=
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uG PHYSICIAN ottending phys ter this certifico is the buriol-tro h and Mental Hy rked or Item 18	(IF EITHER NO 21d. INJURY (NOT WHILE AT WORK	21e. PLACE	OF INJURY	19 FARM ETC.) Se	211 LOCATION STREET Pt. 16	C Fred	CITY OR OW	1	COUNTY	STATE	
R ATTENDIR hospital or RECTOR. Af hed for use ept. of Healt tem 21 is mo	saw the above, (that (I) (this hasp deceased alive ar I) (me) (did) (did m	Dec	- 29 103	(d that in (my) and opi	tata	gred on the date	e and hour ar			ast
by the ERAL D	226. SIGNATI	AN'S NAME (TYPE	DR PRINT)		M	ATTENDIN PHYSICIA 22e ADDRESS	NG MEDIC AN DIRECT	AL STAFF OR PHYSICIA	AN []	12/3	30/20	4.
O FU O FU O FU APOR			R. Freen			4300 Nor			eet 21	218		
BP	230 BURIAL, CREM (SPECIEV) Crema	ition	23b. DATE 12-31-		reenm		Ва	CATION CITY OR TOWN Lity OR TOWN	City	LOUNTY	STATE Marylar	nd
DI 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mitchell-	TOR	d Home	5500 York	Road	21212	DEC 3	Y REGISTRAR 25	fulla /	R'S SIGNATU	Rindre	

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ad you also be a see also be		CEASED NAME OR PRINT)	FIRST 1ctar	RACE	E	605 5. DATE O	F BIRTH		OF DEATH MONTH DE CONS. IN YEARS LAST BIRTHDAY)	4,	1986 NDER 1 YEAR	2b. HOUR 12:39 M IF UNDER 24 HRS HOURS MIN.
Oth Pope &		ALE RTHPLACE (STATE OR F COUNTRY) EW YORK	OREIGN 71	AUCA CITIZEN OF WHA	ASIAN AT COUNTRY?	8	Aug , 20 1964 NEVER MARRIED DIVORCED I	9 CALTIA	BALTIMORE	YRS UNITY OF	DEATH	MD.
7	1	AL RESIDENCE (IF NURS	1	THE HOSPI	THE STREET	G HOME O	ROTHER INSTITUTION	12a USUA (TYPE OF W	OCCUPATION ORK FOR MOST OF WORK ORNEY	1	26 KIND OF	BUSINESS OR
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o and compiled a force land	4	ENRY VAS DECEASED EVER 5 NO OR UNKNOWN)	IN U.S. ARM	GORDO	SOCIAL SECUI	0586	TDA 17 INFORMANT MRS 5-12 WARREN	11		AP'	SIEGE I. C-2 VD. 2	2082
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AN, The low requirement of Cohe his been of the Cohe his been of the Cohe his been of the Cohe his fire of the Coh	L CERTIFICATION	190 DATE OF OPERAT	DERLYING [21b. TIME OF IN.	JURY		WAS PERFORMED	YES [IN C	ERTIFYING	ERE FINDING G CAUSES () OR PART 2)	GS USED DF DEATH? NO
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D HOSPITAL OR ATTER framed by the hospital O FUNERAL DIRECTOR hould be detached for one the Store Dect. of H		tow the discoss obowe (1) and (2) and (2) and (3) and (4) and	Id alive an id and id a	view the bady after Merinti Tickel, MA	r dedth		Attending ATTENDING PHYSICIAN 22e ADDRESS ATTENDING PHYSICIAN	MEDICA	STAFF OR PHYSICIAL D	1	22c. DATE S	
	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF CE	METERY OR CREMATOR	y 23d LO	CATION	4.0	1.0018.0	*****

DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAL 6010 REISTERSTOWN RD. BALTO., MD

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

21215

DEC.7,1986 BETH EL MEM. PARK

RANDALLSTOWN BALTO.

MD

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
DEC 9 1986 Julia Deviden Pandara

Alberta Land

:65

t solmi

	STA	TE	OF	M	ARY	LAND
DEPARTMENT	OF	HE	AL	H	AND	MEN

6560 DEC		FOR			E OF MARYLAND EALTH AND MENTAL HYG	HENE R A	3 4 4 4 1
O J D U DEC	0 8	STATE REGISTRAR			ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	1 2 1	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	[TYPE	Mina	A.	Got	twalt	12	Z 86 415 pm
r. po	3 SE	X	4 RACE	5 DATE (& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
10 M		Female	White	Oct		83 YRS	
20 10		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
1/6_		Australia	U.S.A.	WIDOW		Baltimore Ci	7110
by the lied w	10. CI	Baltimore	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, Union Me			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Self- Employed	12b. KIND OF BUSINESS OR INDUSTRY Home Care
filled in fould be f	13a S	ALRESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY 13c. CITY	ence before admission) OR TOWN 1timore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	21218 Sity Parkway G-
sho sho	-	THER'S NAME	1 50	Z OZMOZ C	15. MOTHER'S MAIDEN NA		DIOJ IMINAJ G
mples d'a		Unknown	Gottw	LAST	Wilhelmir	WIDDLE	Unknown
Solo Solo	16a V	VAS DECEASED EVER IN U.S. AI		CIAL SECURITY NO.	17 INFORMANT	ADDDECC	
exe		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	-01-3962	Miss Ileen		ite 702 21202 E. Lexington St
196 1		18 CAUSE OF DEATH (Enter o			I mires freem :	TICEL BOOK 114	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(t # 1)		PART I. DEATH WAS CAUS	ED BY:		mmag A	RDETT	BETWEEN ONSET AND DEATH
te Ce		IMMEDIA		do- pul	C.	races 1	31412
terd bon, a		Conditions, if ony, which	DUE TO, OR AS A CO	/ -	. / Tooks	I fact	13 day 5
e of motion refront tro		gove rise to immediate	(b) (a)	nor hage	c f soon	1	13 Clap
by the		couse (01, stoting the underlying couse lost	DUE TO, OR AS A CO	ONSEQUENCE OF			
pled pled		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	SIVEN IN PART 1 G
Then Then to b	NO	Bibas		Monia			
mit. prior	CERTIFICATION	190 DATE OF OPERATION		R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
hos hos	I E	11/19/86	Henrysonh	meic Cos	o peral Infac	YES NOT IN CER	TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
ysicin cote ronsii Hygi 18 sh	CER	210. ACCIDENT WAS UNDERLYING				RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
certification of the literal	M	OR CONTRIBUTING CAUSE OF DE	AIR	NTH DAY YEAR	Unk	- nana na	
burn Me	MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJUR	RY	211 LOCATION	CITY OR TOWN	COUNTY STATE
s the ond ked	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTO	RY, OFFICE, FARM, ETC)	STREET	CIITOKTOWN	SIAIE
se o: eofth mor		220.1 certify that (1) (this hosp	nital) attended the decease	ed from NOV	19 19 8	6, 10 Dec. 2	19 86 , that (II (we) lost
TOR. TOR. TOR. TOR. TOR.		sow the deceased alive or	Dec Z	19 86	nd that in (my) (our) opinion	death occurred on the date and h	iour and from the causes stated
DIRECTORED DE POSTO D	1	obove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body ofter dea	711).	DEGREE		22c. DATE SIGNED
In Dill		B. A.	0 000).	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/2/86
Stote ANT: If	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	7	22e ADDRESS	J DIRECTOR PHISICIAN	1.0 (- () 0
TO FUNERAL Should be deto with the Stote IMPORTANT: If		Brent C. Bir				Memorial Hospi	tal
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
		Burial	12-6-86	Holy R	edeemer		, Maryland
DHMH - 16 60M 7/B4	24 FU	UNERAL DIRECTOR		ADDRESS	-	E REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURE
(VRA 15, 4)		Leonard J. R	uck, Inc. B	altimore.	vid.	1.8 1096 June	Deviden Randale

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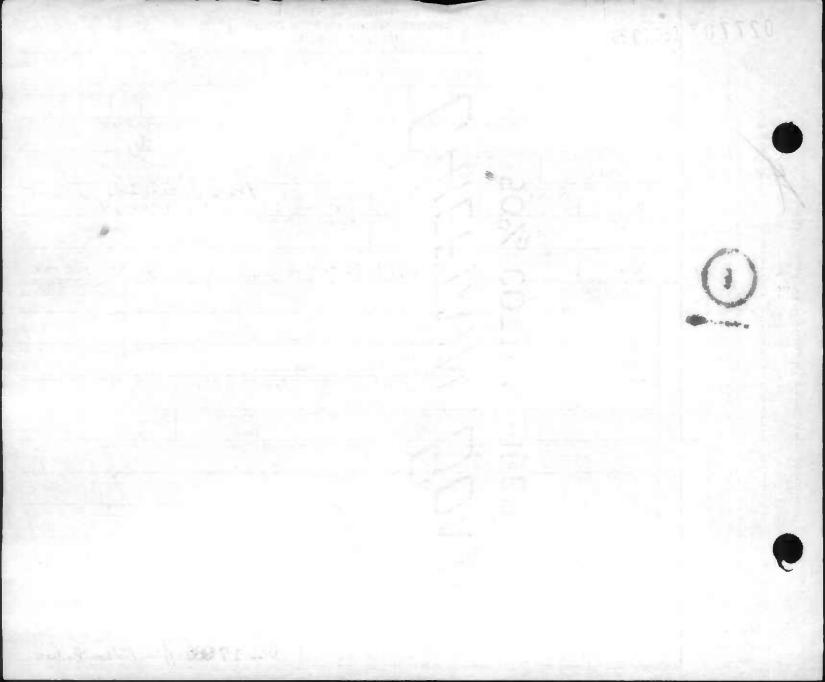
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coultre 2. Rug. 180 Pullinguage Communication

STATE OF MARYLAND

027707	OE	FOR SIATE AC RECISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 6	3 4 4 4 2
sy be age 3 deoth		CEASED NAME AMPLE	(M.)	Grahem	20. DATE OF DEATH MO	13 86 1. 20 M
ge 4 may ector, po	3. SE	×	I. RACE	S. DATE OF BIRTH MONTH DAY YEAR 11 25 05	6. AGE (IN YEARS LAST BIRTHD)	
35		COUNTRY) MD	b. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto.	OUNTY OF DEATH City MD.
1 1/2	0	Saltmare	(IF NOT IN SUCH FACILITY, GIVE STRE	US (120 USUAL OCCUPATION HERE OF WORK FOR MOST OF WITH	
S S S S S S S S S S S S S S S S S S S	13a.	AL RESIDENCE IF NURSING HOME OR OF THE 13b COUNT		YES NO	VillA ST. M	ICHAEIN.H.
mpletel ond 2 semin		ATHER'S NAME FIRST	NK LAST	15. MOTHER'S MAIDEN	UNK	LAST
be execu		VAS DECEASED EVER IN U.S. ARA YES, NO ORUNKNOWN) (1F YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 216 / 8	6726 BRADY Gr	aham 1110 N. 7	Pafferson Pre Ave.
rtificote en and a second		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	T bleed.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death ce ottending move cabo nation, dr r traumati		Conditions, if ony, which	DUE TO, OR AS A CONSEO	VENCE OF ROLLING HEAVE	+ dreek	
by the		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	DENCE OF FUUN NUMBER	fren	
equires n signe Then p r to bu injury,	NO	PART 2. OTHER SIGNIFICANT CO	0	DEMH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDIT	ON GIVEN IN PART Ita
he fow ron. has been thermit, ene prio	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		IL IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
Physical Hilling Physic		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH P.M.	DAY YEAR	URRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Pitol for u		22a. I certify that (I) (this haspite saw the deceased alive an above, (I) (we) (did) (did not	12/12/18/2 19		n death accurred on the date	, 19 PC) , that (I) (we) lost and have and from the causes stated
AL OR A the hos AL DIREC letoched ore Dept. T. If Item		The SIGNATURE alect	gelttelo	DEGREE ATTENDING PHYSICIAN		12/2/86
TO HOSPITAL TO FUNERAL I Should be deto with the Stote I		22d. PHYSICIAN'S NAME (TYPE OR	PRIN(T)	22e. ADDRESS		(T
BP.	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY JRIAL		NAME OF CEMETERY OF CREMATOR ALTOMORE CEMETE	CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR ARCH FUNERAL	HOME 1101 E.		DEC 171986	



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completely filled in by the funeral director, page 8

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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1	1-	FOR STATE	DE		ALTH AND MENTAL HYGII	ENE S O	-3	64 2	4 3	
		REGISTRAR				REG. NO				_
n	T DEC	EASED NAME FIRST	WIDDLE	LA.	ST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
	0 2	WEBSTE	R	GRA	NDISON'		12 1	10 86	7:10 P	И
	3. SEX		RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	1	NAIF	Block	MONTH OG	10 1906	80	YRS	MONTHS . DAYS	HOURS MIN,	
7			. CITIZEN OF WHAT COU	NTRY? 8		9. BALTIMORE CITY O	COUNT	OF DEATH		_
Α		USA WATH D.C.	USA	WIDOWE	DIVORCED DIVORCED	BAltin	ore	Cita	/ M	0
	_		1. NAME OF HOSPITAL, N			120 USUAL OCCUPATION			BUSINESS OF	
3		2 /	(IF NOT IN SUCH FACILITY, GIV			TYPE OF WORK FOR MOST OF		FE) INVUSTRE	1.	
2	140	ALTIMOLE IN NURSING NOME OF C	INIV DE 1	MARYLA	VD HOST.	1185561		LAU	nary	_
4	13a. S	TATE 126 COUNT			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	2/0	335	
1	N	D. BAT	MARA	LTIMORE	YES NO [319 N.	CAR	ET	57	
10	14. FA	THER'S NAME	DDIE D I IA	.51	15 MOTHER'S MAIREN NAM	NE / MIDDLE	1	LAST		
0	1	Charle	Grandis	500	FFAY	riett C	0/8	man	0	0
		AS DECEASED EVER IN U.S. ARM		L SECURITY NO.	17. INFORMANT	ADDRE	55, 19	220 DE	ephun	74
	(4	ES, NO OR UNKNOWN) (IF YES, GIVE I	WAR OR DATES)	418	Mable NATA	ove (NIPAG	130	manta	un M	1
		/ 42	164 -	1 0	THE PULL	BUTTULL	100	APPROXIM BETWEEN OF	ATE INTERVAL	=
		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	BY:	Oin a =	N PNEUMO	12 1-		BETWEEN OF	SET AND DEATH	-
	>	MMEDIATE	NIA				_			
		000	DUE TO, OR AS A CON	ISEQUENCE OF						
		Conditions, if any, which	(16) MUZ	TIPLE F	RACTURE C	OF MAN	DIBL	E		_
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF						
		underlying couse last.	(c)							
	- 1	PART 2 OTHER SIGNIFICANT CO		IG TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	ITION GIV	EN IN PART TO		=
	Z	CVA M	1 10/	045-7						
-	CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FINDING	GS USED	-
	F	10/2 86</td <td>[FIATTIO</td> <td>on N</td> <td>14141215</td> <td>VEC BY WOO</td> <td></td> <td>YING CAUSES</td> <td></td> <td></td>	[FIATTIO	on N	14141215	VEC BY WOO		YING CAUSES		
	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		216, HOW INJURY OCCURRE	YES NO DED (ENTER NATURE OF INJUR		S C	NO 🗌	_
į	0	OR CONTRIBUTING Y CAUSE OF DEATH		H DAY YEAR	1 11 1-1	ENTER NATURE OF INJUR	T IN IIEM IS I	A A	10	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 10	20 198	Tell while a	wording (an, 1	hactine 1	nandy	le.
	VED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CHYORTON	VN /	COUNTY	STATE	
1		AT WORK AT WORK	STREET	T	/		10			
7		22a.1 certify that (I) (this haspita		from12/5	1/86 19	_, to 12/10/	86_	19, th	ot (II (we) los	ıt
_	12.0	sow the deceosed alive an above, (1) (we) (did) (did not)	12/10/86	_19, on	d that in (my) (our) apinion di	eath accurred on the do	te and hou	or and from the co	ouses stated	
7	00	22b. SIGNATURE	view the body-affer death.		DEGREE			22c. DATE S	IGNED	
/		9011	1		ATTENDING	MEDICAL STAF		Pholo	/	
-		22d. PHYSICUN'S NAME (TYPE OR I	2010121		PHYSICIAN 226 ADDRESS	DIRECTOR PHYSIC	IAN	17781	2	_
		7 1110	Nevi j		.1	11				
		S.CHH				IV HOSP.		, 4		_
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		CQUINTY	STATE	
		SPECIFYBurial	12-17-86	Warren	Cemetery	Martinsk	ourg	Montg	. MD	
		INERAL DIRECTOR	246 N	Washir	ngton St 250. DATE	REC'D. BY REGISTRAR	25b. REGIST	TRAR'S SIGNATU	RE	
	0	George R. Snow	vden Rockv	ille, MI	2085QLC 1	8 1986 /	. ~	· · · · · · · ·	10 m	
						The state of the s	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Annual Control of the		_

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If then 21 is morked or them 18 shows any injury, or other troumokic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendi should be detoched for use as the burial-transit permit. Then please remave corr with the State Dept. of Heolth and Mental Hygiene prior ta burial, cremation, og

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth

retained by the hospital or attending physicion.

BP.

Description of the Contract of

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR				REG. NO					
02		GEASED NAME FIRST	MIDDLE	GRAVES			12 17	S6	26. HOUR 0340 A		
/	3. SE)	MALE	1. RACE BIACK	5. DATE OF BIRTH	YEAR O(G	6 AGE (IN YEARS LAST BIRTH	YRS	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
7-		RTHPLACE (STATE OR FOREIGN COUNTRY) VILOINIA ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY US A 11. NAME OF HOSPITAL, NURS	MARRIED NEVER	DIVORCED 🗍	9. BALTIMORE CITY OR PAUT I WILL 12a USUAL OCCUPATION	DOLE 6	ity	MD F BUSINESS OR		
4	1.	SALTIMONE	(IF NOT IN SUCH FACILITY, GIVE STREET	et address)		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
3		TATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 13c. CITY OR TO	TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE							
0	14. FA	ATHER'S NAME FIRST MARYUS	MIDDLE GRAV	Es (R'S MAIDEN NAM	WIDDLE		F	ELDS		
4		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 223- 2	- V.	Bell F	sher 2525	-wim	osher	st		
		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), of SED BY: ATE CAUSE (a).	Pul mons a	1 Aces	ST		BETWEEN	IMATE INTERVAL ONSET AND DEATH		
Contraction of	Section 2	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF AS A CONSEQUENC	ork wan	HOMA OF	= PONTA HE	PATIS				
	Z O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATI	ED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 11	0		
9	CERTIFICATION	19a date of Operation	196. CONDITION FOR WHIC	H OPERATION WAS PERF	FORMED	20a AUTOPSY?	20b. IF YES, VIN CERTIFYIN	IG CAUSES			
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM IB PART	OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E. FARM ETC)		CITY OR TOW	N	COUNTY	STATE		
		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did a	pital) attended the deceased from 19 not) view the body after death.	e , and that in (m	y) (our) opinion c	death accurred on the dat	e and hour or	nd from the			
		22b. SIGNATURE	E Colleis	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		22c. DATE	17 86		
		MICHAEL &	E. Collier, m	22e. ADDR		W. BACTI	-one	5-			
Ä	23a. E	BURIAL, CREMATION, REMOVA	12-20-86 6	NAME OF CEMETERY OF	rcrematory jed. Cem	23d LOCATION GIVERTOWN	ten	OUNTY	Variate.		
		UNERAL DIRECTOR							BREIZ 3		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hou

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physicial

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 4	60	REGISTRAR				CERTIF	ICATE OF	DEATH	REG. NO	D.					
		CEASED NAME	FIRST	ħ	VIDDIE	L	AST			MONTH DAY	YEAR	2b. HO	UR		
	(TYPE	OR PRINT)	Cece	lia	R.	Cr	av		December	6 10	186		AA		
	3. SEX	K		4. RACE	144	5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER 1 YEAR		R 24 HRS		
		Female		R1.	ack	MONTH	28	1910	76	YRS.	THS DAYS	HOURS	MIN		
0		RTHPLACE (STATE	OR FOREIGN	7b. CITIZEN OF		TRY? 8.			9 BALTIMORE CITY O		DEATH				
		OUNTRY) Md		1	USA	WIDOWE	D NEVER	NORCED	Baltimor	e City			MD.		
	10. CI	TY OR TOWN OF D	DEATH	11. NAME OF H	HOSPITAL, NU	JRSING HOME C			120 USUAL OCCUPATION	ON MC	126. KIND OF BUSINESS OR				
		Baltimo	re	1707 -	HFACILITY, GIVES	orth Ro	ad 2n	d floo	(TYPE OF WORK FOR MOST O		NDUSTRY				
.09		AL RESIDENCE (IF N		OTHER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION)									
þ		MD	13b COUI	VITY	13c CITY OR Balt	imore	13d. Inside city limits? 13e. Street Address / Zip Code 4101 Wentworth Rd				≥ 2nd Floor 21207				
Ĵe.	14. FA	THER'S NAME		MIDDLE	LAST	,	15. MOTHER	S MAIDEN NA	WE		LAS	1			
Š.		Henry			Payne		E1	izabeth			Newt	on			
0		VAS DECEASED EV		MED FORCES?	16b SOCIAL	SECURITY NO.	17 INFORM	ANT	ADDRE	SS					
2		No 214-14-8509 Dorothy Young 4101 Wentworth Road													
		18 CALISE OF DEATH (Enter only one couse per line taxo) (b) and (c).													
		PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRINCY											11,00		
				DUE TO, O	R AS A CONS	EQUENCE OF		C	0		0.76	74.6.			
Ę		Conditions, if o		(lb)	191	PER-T	としてい	00 (CARDIOVAS	culsin	שניע	1036			
		gave rise to cause (a), sto	ating the	DUE TO, OI	R AS A CONS	EQUENCE OF									
П		underlying co	use lost.	(c)	ATHE	FROSCL	enoti	c Co	rpiosascu	LAR	Dire	SASE	31		
	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P.													
	Į Į						Topic Victoria					VEC WERE ENDINGENION			
1	CERTIFICATION	19a DATE OF OPE	RATION	19b. COND	IT ION FOR W	HICH OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?					
1	RTIF						Ta:		YES NO	YES [NO [
2		210. ACCIDENT WAS	_			DAY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2)				
7	MEDICAL	(IF EITHER, NOTIFY M	SEDICAL EXAMINE	R) P.	M.	19			THE RESERVE						
	MED	21d. INJURY OCC		21e. PLACE		FFICE, FARM, ETC.)	211. LOCAT		CITY OR TO	WN	COUNTY		STATE		
		AT WORK AT	WORK -					-			T-/				
		220.1 certify that		O acce	e deceased for	01			, to			that (I)	, ,		
			e) (did) (did n	at) view the bady	after death.) (aur) apinian	death occurred an the de	ate and haur an					
		22b. SIGNATURE	8 1	Vorger			DEGREE	ATTENDING	MEDICAL STAI	F	22c. DATE	SIGNED	0		
		un	,	0 1	n			PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	12	1-1	15		
		22d. PHYSICIAN'S	NAME (TYPE				22e ADDRE	4/0	6 Hong	200 /	21.				
		ROW	A (0	A. VA	traa	5, JR		BALTE	, MO.	213	14.				
	23a. E	BURIAL, CREMATIC	N, REMOVA			23c. NAME OF C		CREMATORY	23d. LOCATION CITY OR TOWN	C	YTMUC		STATE		
		Burial		12/11	/86	St Luke	Cemete	7	Reistersto				Md		
	24 FU	WMYAME C.		F/H	TOO TIANS	RESSL N. /2.10 /2		25a. DA	TE REC'D. BY REGISTRAR	25b. REGISTRA		URE	lain		
		will . O .	LLGI CII	± / 1 L	HOUU Wada	ash Avenue	2		JEC 1 1 1980	Games &		-			

DHMH - 16 60M 7/84 (VRA 15, 4)

from the majorand of the transmitted Higher Tensive College Sich un Britiste ATHERACETERS TO CONTRACTOR AND PRICASE 12-8-18 9.35 DOLLATE A VARCES IN GALTS, HERSPER, THE

) 4	1	4	-
•		death, Page 4 may be	
VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		3 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	
ISION OF VITAL RECORDS, 2		PHYSICIAN: The low requires	iffending physician.

127282 DEC 6 BEOR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2s. DATE OF DEATH MONTH 2b HOUR poge 3 (TYPE OR PRINT) 13-86 3:35 TERESA GRAY IF UNDER I YEAR 3. SEX 4 RACE 5. DATE OF BIRCH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAY YE AR FEMALE WHITE 19 98: TO. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** South Baltimore General Hospital Baltimore Homemaker JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE H3b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore Balto. Highlands 🗆 NO V 4431 Norfen Road 21227 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST James Ouinn Honora Dunn ADDRESS 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST NO 217-20-4470 Smith 4431 Norfen Rd Dolores APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Cardona IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause After this certificate has been signed be os the burial-transit permit. Then pleas the ond Mental Hygiene priar to burial, 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Sun 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH NO YES [710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21s PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK ò 220.1 certify that (1) (this haspiter) attended the deceased fram DIRECTOR saw the deceased alive an. and that in (my) (eur popinian death occurred on the date and hour and fram the causes stated abave, (1) (we) (did) did nat) view the bady after death FUNERAL DIRECTIVED by the property of the prop old be detached f 22b. SIGNATURE DEGREE 22c. DATE SIGNED * MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PORTANT. 22e ADDRESS RMANDO 236 BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Garden of Faith

12/17/86

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Burial

24 FUNERAL DIRECTOR

CITY OR TOWN

Parkville

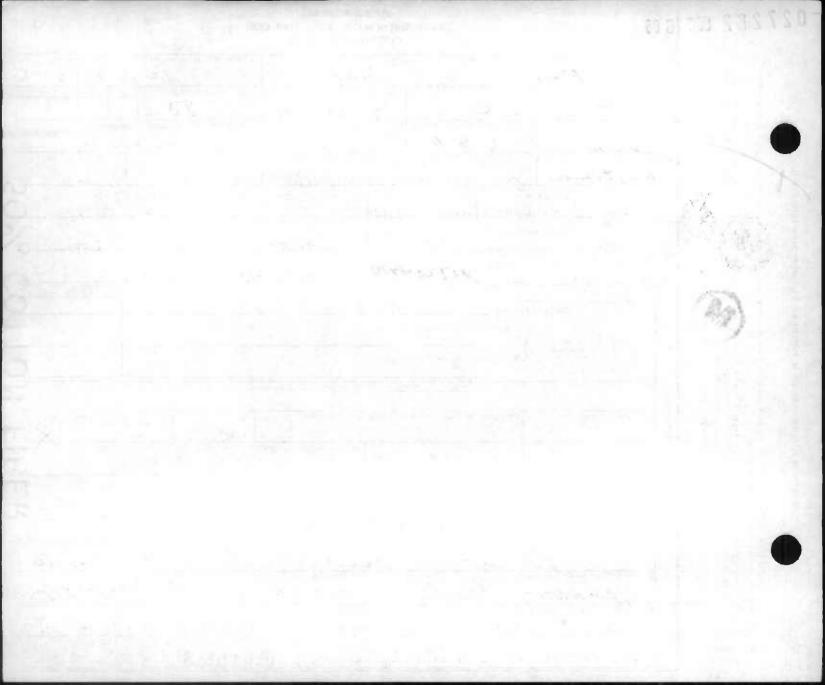
Baltimore

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)



STATE OF MARYLAND 027654 DEC-1 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF MICHAEL DEATH MATED GRAY SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. JE LINDER 24 HRS 24. DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED DEAD TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) BAITO US Baltimore City WIDOWED DIVORCED USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 913 Pennsylvania Ave. Baltimore unemployed SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b. COUNTY CHY OR TOWN 13e STREET ADD 13d. INSIDECITY LIMITS? DAITO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ves CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last.

10:57 A M 1986 9. BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO ST 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22s I certify that I took charge of the remains described above, held Autopsy Inspection and in my apinion death resulted fram Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11-30-86 SIGNATURE EXAMINER'S NAME Charles P. Køkes, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE OWINGS HCIA * ATTISON

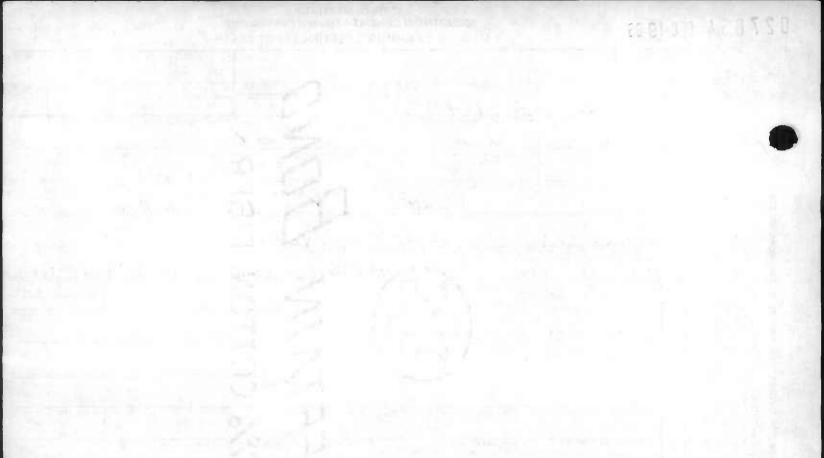
RD "PENDING" IN PENCIL IN 1EM 18. GIVE PA CHIEF MEDICAL EXAMINER ALONG WITH FOR U USED AS A BURIAL. TRANSIT PERMIT. PAGES OF HEATH AND MENTAL HYGIENE, DIVISION PRIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., CHEF EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALIMORE, MARYLAND, 21201 PRIOR TO BUILD CERTIFICATE 0

07/84

DHMH - 17 (VR A15 ME (5))

26. HOUR

2d HOUR



TO FUNERAL DIRECTOR. Africand by description of Health he State Dept. of Health

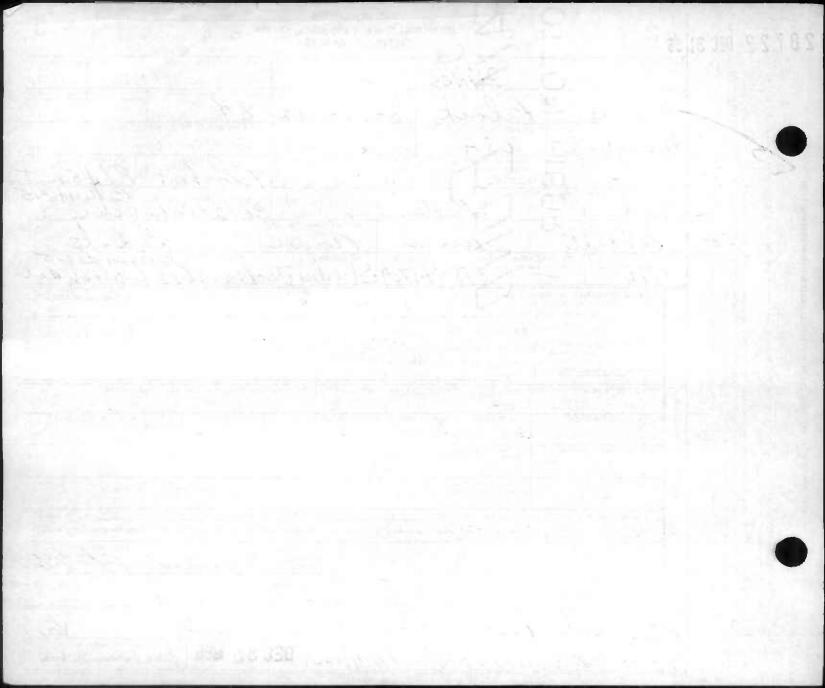
DHMH - 16 60M 7/84

TO HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ч	0.0	REGISTRAR			CEKITE	ICAIE OF DEATH		REG. NO	0		
		CEASED NAME	FIRST	MIDDLE	- 1	LAST	2a DATE		MONTH	DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	Norma	HINES	G	ray	Dec	cember	28.	1987	5:54am
-1	1. SE)	X.	n	1. RACE	5. DATE C	OF BIRTH		N YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
-	1	ema	le	Block	8-	10-1902	8	4	YRS.		HOURS MIN.
2		RTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIM	ORE CITY O	R COUN	TY OF DEATH	
1	n	VI - > 11 V	and.	USA	WIDOWE	DIVORCED		ltimore	e Cit	ty	MD.
2		ITY OR TOWN O		11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	(ADDRESS)		12a USUA	ORK FOR MOST	DN F WORKING	LIFE) 171 KONO O	BUSINESS OR
2		altimore		Maryland Gener		spital	1/1	och	20	Och	Colvecti
Ė	134-3	md	13b. COUN	VTY 13c. CHYOR TO	more	13d INSIDE CITY LIMITS? YES NO	13. STREET	1 ADDRESS A	ZIP COI	DE Oct	nid -1.13
	4. FA	THER'S NAME	1 1-	MIDDLE 2 / LAST		15. MOTHER'S MAIDEN NA	AME	WIDDLE		0	1
a		all	ert	Hine	2	annie		MIDDLE	L	Trois	KS
		VAS DECEASED		MED FORCES? 166. SOCIAL SECU	JRITY NO.	17. INFORMANT	- 1	ADDRE	550	les ind p	11215
Ŋ	- 2	110	-	- 5/8-44	1709	Shirley V	ackso	m-36	12	Wabo	sh ave
H		18 CAUSE OF I	DEATH (Enter or	ly ane cause per line far (a), (b), ar	nd (c).)	1				APPRO: BETWEEN	NMATE INTERVAL
		PARTI. DEA	TH WAS CAUSE	TE CAUSE (a) Metabo	lic A	cidosis V					
				DUE TO, OR AS A CONSEQU	ENCE OF						
		Canditions, if		((b) Chroni	c Ren	al Insufficie	ency				
4		gave rise to		DUE TO, OR AS A CONSEQU	ENCE OF						
		underlying									
		PART 2 OTHER	SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEA	SE OR CONI	OITION G	IVEN IN PART 1	α.
	CERTIFICATION	Peri	nephric	Abscess							
7	CAT	19a. DATE OF O	PERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	TOPSY?	20b. IF Y	ES, WERE FINDS	NGS USED
6	#	Nov. 19	, 1986	Cholecystitis;	& re	nal abscess	YES 🗌	NO		YES [NO []
į.	8		AS UNDERLYING	THOUSE A 11 MOUNTS OF	AV VEAR	21c. HOW INJURY OCCUP	RRED (ENTER	NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
2	#		CAUSE OF DEA	31/1	AT TEAK						
1	MEDICAL	21d. INJURY OC		21e PLACE OF INJURY		21f LOCATION					
	Z	WHILE N	AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOV	MN	COUNTY	STATE
				tal) attended the deceased from	Nove	mber 12 10 86	to Di	ecembe	r 28	19_86	that XI (we) last
		saw the de	eceased olive on	December (28.49		nd that in (n🎉) (our) opinian				our and fram the	causes stated
۱		22b. SIGNATUR	we / (did / die /	view the bady after deoth.		DEGREE				22c DATE	
		Q	ا الح	Denales.		ATTENDING PHYSICIAN (MEDICA DIRECTO			12/	29/86
i		22d. PHYSICIAN	STAME LIYPE C	DR PRINT)		22e ADDRESS				1	
		0	ELEIN	BEZNAL,	MID,	Maryland (Genera.	1 Hosp.	ital		
	23e B	SUBJAN CREMAT	ION, REMOVAL	236 DATE 23c	NAME OF C	EMETERY OR CREMATORY	/ 236 TO	CATION		COUNTY	. SATE
	1	-)ur	ral	11-2-8/6	rking	gion Naciona	V WZ	Kingie	n		Va
	24. FL	NAME	OR DE	1 11 - 000	. 1	1/ ADC 250 DA	JE REC'D. BY	REGINEAR	256. REGIS	STRAR'S SIGNA	TURE
	V.	une	UD. W	den-163 RM	mof	till al	1030	1300	Jules	Deaden	Kandass



rs after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 TO FUNERAL DIRECTOR, After this certificate that been ugmed be should be detached for use as the burial from permit. Then pleas with the State Dept. of Health and Mental Hydrer prior to build. with the oracle cup.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

Water by Company	5 -	FOR STATE REGISTRAR			EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	3 4	4 4
		CEASED NAME FIRST	MIDDLE	GR	ASI ASI	20 DATE OF DEATH	MONTH DAY YEAR 12 / 17/16	8 PM
	3. SE	'Male	Black	5. DATE C		6 AGE (IN YEARS LAST BIR	THOAY) IFUNDER I YEA MONTHS DAYS	
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIEI WIDOWE	D NEVER MARRIED D	211	ore City	MD.
)	B	actimore	11. NAME OF HOSPITA (IF NOTIN SUCH FACILITY, EAGL WO	Od Nursing	a Home	120 USUAL OCCUPAT	ON 12b. K/ND INDUSTR'	OF BUSINESS OR Y
1	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		PENCE BEFORE ADMISSION) Y OR TOWN HIMOTE	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌	130.STREET ADDRESS	1 ZIP CODE tottord -	Boad Boad
C	II4 FA	opellman	MIDDLE	roug	15 MOTHER'S MAIDEN NA Hayaje	ME	Bri	ast DWn
1		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF yes, G	RMED FORCES? 166 SOC	1-63-6493	Herman Tu	ecker 19	908 N. WC	He St
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	anly ane cause per line far in ED BY: ATE CAUSE (a)	/	ATRIAL FIS	allera		DXIMATE INTERVAL N ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CO					
	NOI	PART 2 OTHER SIGNIFICANT		TING TO DEATH BUT	NOT RELATED TO THE TERM			lia
1	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
7	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	LAIN	ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2}	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME STREET, FACTO		21f. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
		220.1 certify that III (the hosp saw the deceased alive of above, (II (we) (etd.) (aid in		19 06 01	nd that in (my) (our) opinian	death occurred an the d	ote and haur and fram th	tha (II) we) last ne causes stated
		276. SIGNATURE 4411	h		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	TE SIGNED
		C. SOSS	ORPRINT)		220 ADDRESS 5718 SPA	MY CAKE L	(A)	
		JURIAL, CREMATION, REMOVAL SPECIFY) Burial	12/20/86	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR March Funeral

Home West 4300 Wabash AVenue

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
DEC 23 1986 Aulia Dicia D Julia Divideon Pandale OF ATTEMBING PHYSICIAN: The law requires that the death certificate be executed

DEC 31

STATE OF MARYLAND

STATE OF MANTEMEN							
MENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	O REG. NO.	3	44	201 8	3	

	EASED NAME FIRST			ICATE OF D	MENTAL HYG EATH	S O REG. NO.	4 - 3
1. SEX		WIDDLE	l	AST		20. DATE OF DEATH MONTH	DAY YEAR 26. HOU
1. SEX	ROLANI			GRAY		12	24 86 110
-	4.	RACE	5. DATE C	OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
	Male	White	11	5	12	74 YRS.	
o BIR	THPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNT	RY? 8 MARRIE	NEVER N	ARRIED -	9. BALTIMORE CITY OR COUNT	
	Maryland	U.S.A.	WIDOWE		ORCED	BALTIMORE CIT	
IR CIT	BALTIMORE	NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S AGNES HO	SPTIAL	OR OTHER INST	ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Truck Driver.	IPED INDUSTRY Fall Fast Freio
USUAL 13e 57	RESIDENCE IN HIM IN SHOME OR OT ATE			13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS / ZIP COI	DF
Ma	ryland Balti		sville	YES 🗌	NO 🚺	909 Woodsdale	
A FAT	HER'S NAME	DDLE LAST		15 MOTHER'S	MAIDEN NA	WE	LAST
	William I	. Grav	y		Emiley		Kershal
	AS DECEASED EVER IN U.S. ARME	D FORCES? 16b SOCIALS		17_INFORMAL		ADDRESS	
			09-8886	Grace	L. Gra	v 909 Woodsdale	Rd. 21228
	underlying cause last.	DUE TO, OR AS A CONSE		mal	To.	MeDitus	
Z O	9 DATE OF OPERATION					INAL DISEASE OR CONDITION G	
S O	98 DATE OF OPERATION	19b. CONDITION FOR WH		N WAS PERFOR	RMED	20a AUTOPSY? 20b. IF YI IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT YES \(\) NO \(\)
CERTIFICATION		19b. CONDITION FOR WE	HICH OPERATION	N WAS PERFOR	RMED	200 AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT YES \(\) NO \(\)
IEDICAL CERTIFICATION	90 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	19b. CONDITION FOR WE 21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	N WAS PERFOR	RMED	20a AUTOPSY? 20b. IF YI IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT YES \(\) NO \(\)
MEDICAL CERTIFICATION	98. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (16 EITHER, NOTHER MEDICAL EXAMINER) 218. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF	DAY YEAR 19 EICE, FARM, EIC)	21c. HOW IN. 21f. LOCATIO	RMED JURY OCCURR N 19	200 AUTOPSY? 206. IF YIN CERT YES NOTO IN CERT ED (ENTER NATURE OF INJURY IN ITEM 18	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT YES NO COUNTY S
MEDICAL CERTIFICATION	98. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 218. IN JURY OCCURRED WHITE AL WORK AT WORK 220. I certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did/did na)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	211. LOCATIO 211. LOCATIO STREET and that in (my) (DEGREE A P	RMED JURY OCCURR N 19	200 AUTOPSY? 206. IF YIN CERT YES NOT	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT YES NO COUNTY S
MEDICAL CERTIFICATION	98 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPEORPI	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	211. LOCATIO STREET and that in (my) (DEGREE A P 22e ADDRESS	IURY OCCURR N 19 (aur) apinian of the strength of the stren	200 AUTOPSY? 200. IF YIN CERT YES NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT YES NO COUNTY COUNTY s 19 that (1) (v pur and from the causes sta
MEDICAL CERTIFICATION	98 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did/idid nath- 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF PHYSICIAN'S NAME (21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.) DAY 19 211. LOCATIO STREET and that in (my) (DEGREE A P 22e ADDRESS	IURY OCCURR N 19 aur) apinian c ITENDING HYSICIAN REMATORY	200 AUTOPSY? 200. IF YI IN CERT YES NO WILLIAM TO TOWN CITY OR TOWN AMEDICAL STAFF DIRECTOR PHYSICIAN AMEDICAL PHYSICIAN AMEDICAL CITY OR TOWN 236. LOCATION CITY OR TOWN	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT YES NO COUNTY COUNTY s 19 that (1) (v pur and from the causes sta	

ADDRESS 21229 4107 Wilkens Ave.

DHMH - 16 60M 7/84

BP

TO FUNERAL DIRECTOR. should be detoched for unwith the State Dept. of He IMPORTANT, If hem 21 is

as the burial transit permit. Then alex and Mental Hygrene prior to bur Attention certificate has been

(VRA 15, 4)

Hubbard Funeral Home, Inc.

20 10 2 10 2 11 11196688 E 20 BE 82 350

FOR
STATE
FREGISTRAR

1. DECEASED NAME
(TYPE OR PRINT)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3	5	3	4	, see,	5	-
	REG. NO.					

Н	5 REGISTRAR		CERTIFICATE OF DEATI	REG. NO.		
1	1. DECEASED NAME A FIRST	WIDDLE	LAST	20 DATE OF DEATH M	ONTH DAY YEAR 2	b HOUR
1	(TYPE OR PRINT) Angela	a Jue	Green	16	2 2186	5'08 M
-	1.5EX 4.	RACE 5.	. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHE	DAY) IF UNDER I YEAR	IF UNDER 24 HRS
	/-emale	white	Moyou as &	54 22	YRS.	HOURS MIN,
	76 BIRTHPLACE I MATE OR FOREIGN 76	. CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIE	9 BALTIMORE CITY OR	COUNTY OF DEATH	1
h	West Virginia		VIDOWED DIVORCE		nore Git	Y MD.
1	III. CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING H		170. USUAL OCCUPATION		BUSINESS OR
	part more	-RANCPS YOTT	- Key Hosp	Student	. Comm.	College
1		THER INSTITUTION GIVE RESIDENCE BEFORE ADA Y IMORE BSEX	MISSION) 13d. INSIDE CITY LIA YES TO [AITS? 130 STREET ADDRESS / 7	iff Rd. 21	1221
j	IN FATHER'S NAME		15. MOTHER'S MAIL			
/	Ancil O	Green	Agnes	WIDDLE	Plumme	ar.
v	160 WAS DECEASED EVER IN U.S. ARME			Graw Ave. ADDW		
	(YES, NO OR UNKNOWN) (IF YES, GIVE V	217-96-50		Reed Funeral H		
	T	ane cause per line for (a), (b), and (c		١٨		ATE INTERVAL
	PART I. DEATH WAS CAUSED I	BY: A DICCL	apulmon	UN Alles	> 7	
	IMMEDIATE	DUE TO, OR AS A CONSEQUENCE	as de			
	Conditions, if ony, which	(b) dila	Fed Card	iomyopath	X	
7	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE	CE OF	10.	1	
i	underlying cause last.	(6)	1 21MO	enal tai	uce	
ı		NDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDI	TION GIVEN IN PART Tra	
	NO.				6	
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OP	PERATION WAS PERFORMED		20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
4	HI L			YES NO	YES	NO 🗌
4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 216 HOW INJURY	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2}	
	4	P.M.	19			1,35
	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	WHILE NOT WHILE AT WORK					
	22a.1 certify that (1) (this haspital		12.20, 19.	86 to 12.2		at (I) (we) last
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IJ	Burial	Dec.24.1986 Jo	e McCourt C	em. Webster S	prings Web	oster.

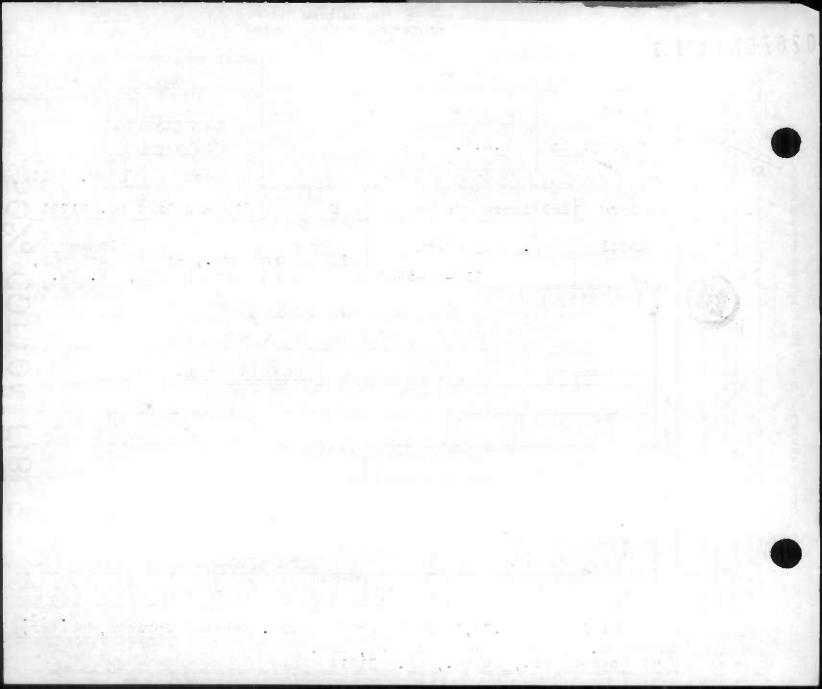
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR Mould be deteched for us with the State Dept of He MPORTANT. If new 21 is

ROBERT RECOR ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

51-83-86



		EOR STAJE REGISTRAR		CERTIFIC	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	4 - 5 4
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	3 SEX	(4 RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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er this cert s the buriol i and Menti ked or Iten	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		RIF LOCATION STREET	CITY OR TOWN	COUNTY STATE
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0 11 0		22b. SIGNATURE	Spulsol	O M	GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/29/86
AL D detoc ote D IT. If I		22d. PHYSICIAN'S NAME (TYPE O	PR PRINT)	D m	22e ADDRESS	nd General Hos	34.2
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O FUNERAL hould be dete		FUAD URIAL, CREMATION, REMOVAL SPECIFY) BIIRTAL	23b. DATE 23c	NAME OF CEA	METERY OR CREMATORY	23d LOCATION CITY OR TOWN BALTO MD	COUNTY STATE

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1. 30 Till Julie Pattern Flore

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

injury, or other troumotic event,

should be detached for use as the burial-transit permit. Then please remove corbi-with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or # TO FUNERAL DIRECTOR: After this certificate has been signed by the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

029367 JAN -6187 STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	10.			
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR
WILLIAM C; BAOWN

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

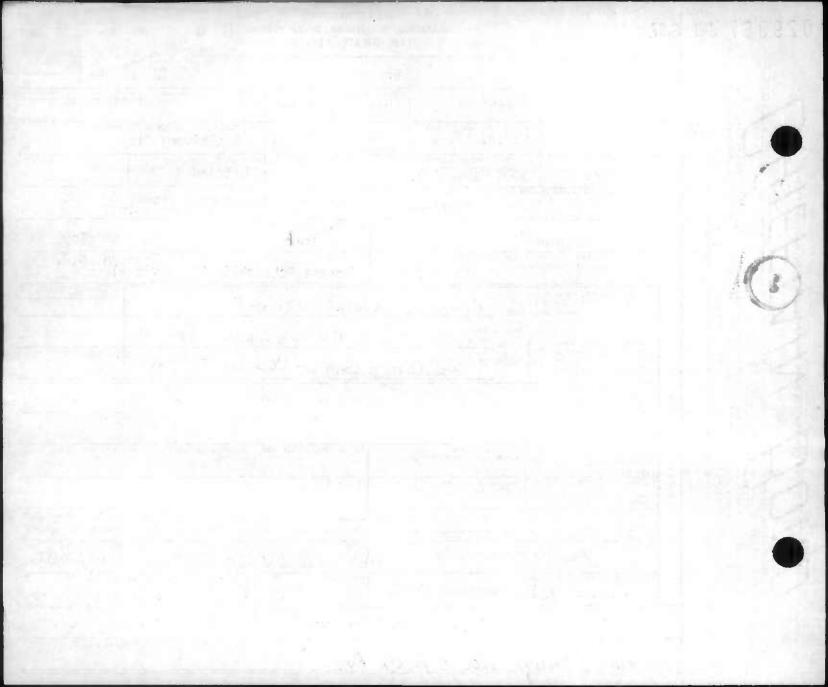
12-31-86

Mt. Zion Cem.

23d LOCATION COUNTY

Md . STATE

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



I.em # 30. Film 2 6.3. 1/5/8/ ra

DHMH - 16 60M 7/84 (VRA 15, 4)

1986 CARRISON FOREST VET. + SONS FUNERAL HOME, INC 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE GWYNNS FAUS PKWY BALTO, MO 21216

23¢ NAME OF CEMETERY OR CREMATORY

23d. LOCATION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER 1 YEAR

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YES

~ 2 MONTHS

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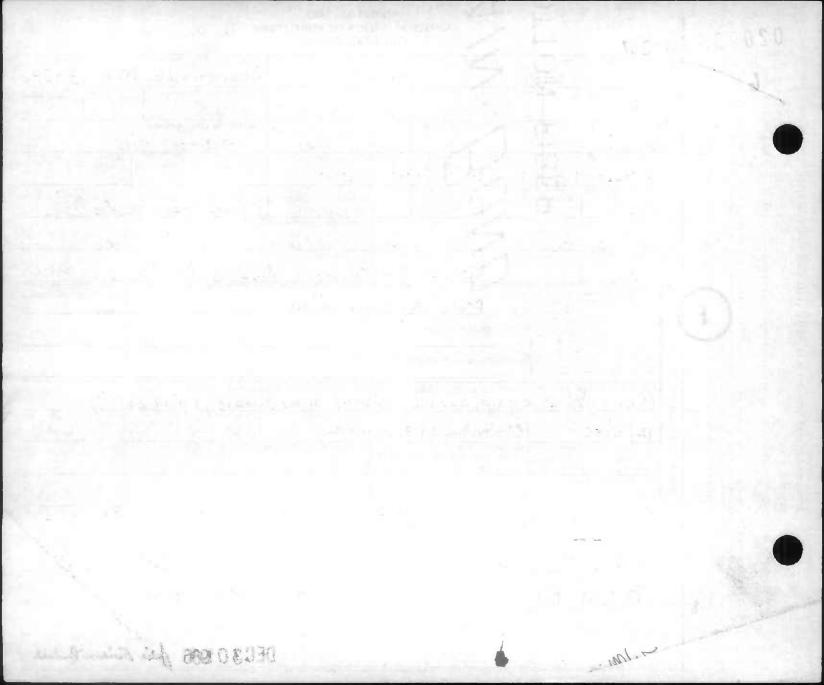
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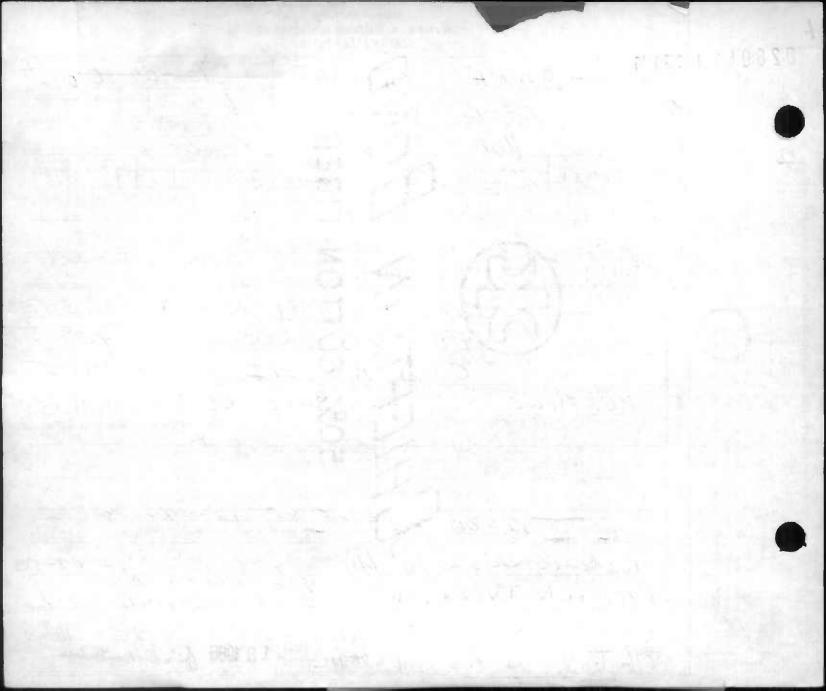
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	S NECESSARY, PLEASE FEUNERAL DIRECTOR. E. S FOR YOUR FILES. D. WITHIN 72 HOURS WESTON STREET	7a BI	RTHPLACE (STATE OR REIGH COUNTRY) N.C.		76 CITIZEN OF WH USA	IAT COUN	- 1	MARRIE	D NEV	VER MARR	IED 🔲			OR COUNT City	Y OF DEAT	H
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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		4 4 3 3
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		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	DAJA	1 F	1985
	NO	PART 2 OTHER SIGNIFICANT OF	LE EVA	ANS SEL	LINAL DISEASE OR CONDITION GIVE	PARAPACES!
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
7	ICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T OR PART 2}
	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY OF TOWN	COUNTY STATE
		22a l certify that (I) (the base of saw the deceased alive an about 1 (c) (did) (did)	thattended the deceased fram 12 - 08 19	66, and that in (my) (pinion of	ta 12-09219 death accurred an the date and have	that (1) (last and fram the causes stated
		22 SIGNATINE	Typor ,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	12 - 09 - 86
1		PICHARS	TYSON,	M.D. 120 ADDRESS 936	TIMORE M	TVE
	23a B	BURIAL PREMATION REMOVAL	12/16/86 23c1	AME OF CEMETERY OR CREMATORS	23d. LOCATION LETTY OR TOWN	As med
	24 FU	INFRAL DIRECTOR	Gov Genned	S. NW. DC OEC	E PECS BY REGISTRA 256 REGISTRA	AR'S SIGNATURE



026852 DEC 12 STATE OF REGISTRAR

(VRA 15, 4)

120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS ZIP CODE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ARREST now CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN . RM(T. MD. COUNTY STATE 12-4-86 Removal 24 FUNERAL DIRECTOR 256. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Balto., Md. Anatomy Board Dandonika

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

YEAR

IF UNDER I YEAR

2b. HOUR

UEL LO 1986 Automotivation

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Hobert	MIDDLE	t.	AST	_	REG. NO.		
Wahant					20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Toperr	S.	Gr	egory		December 4,	1986	٨
4 F	RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
- 100	Black	MONTH	5	Ĭ [*] 2°	7.4 YRS	MONTHS: DAYS	HOURS MIN.
	CITIZEN OF WHAT COUNTRY?	8	NEVER MARI	DIED []	9 BALTIMORE CITY OR COUN	1	
rginia	USA	WIDOWE		CED 🗌	Baltimore C	City	ME
DEATH 11.	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET		R OTHER INSTITUT	NOI	120 USUAL OCCUPATION	12b KIND C	F BUSINESS OR
ore	2709 Kirk A	venu	e		NAVAL ACADEMY		
NURSING HOME OR OTH	ER INSTITUTION GIVE RESIDENCE BEFOR		138 INSIDECITY L	IAAITS?	13e STREET ADDRESS / ZIP CO	DE	
	Baltim				2109 KIRK A		1218
MIDE			15. MOTHER'S MA			LAS	
Mide	Gregor	У	Uni	kn	MIDDLE	LAS	11
		JRITY NO.			ADDRESS		
) (IF YES, GIVE WA	235-07-	0962	Naomi	Gre	gory 2709 K	Cirk Av	enue
ATH (Enter only o	ne couse per line for (a), (b), on	idic ,	1		. 1	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Y: (a)	rdo	Dulmon	ry	arrest		
ony, which	(b)						
immediate ating the	DUE TO, OR AS A CONSEQU	ENCE OF					
ouse last	(c)						
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	hene cerebr	over C	wor o	ccid			ona
RATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORME	D			
					YES NO	YES	NO 🗌
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MEDICAL EXAMINER)	P.M.	19					
URRED	21e PLACE OF INJURY	FARM ETC I	211 LOCATION		CITY OR TOWN	COUNTY	STATE
WORK							
t (I) (this hospital)	ottended the deceased from		1	986		. 19 86	that (I) (we) last
	ATH IE riter only of the was Caused B IMMEDIATE CONT. Which immediate ating the use last CIGNIFICANT. CONT. RATION UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER) URRED WHILE WORK (I) (this hospital)	ATH LETTER ONLY ONE COUSE PER line for Ici, Ib), or IWAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH AEDICAL EXAMINER) UNDERLYING TO CAUSE OF INJURY HOUR A.M. MONTH DEATH AEDICAL EXAMINER) LIMITED TO CAUSE OF INJURY (AT HOME STREET, FACTORY OFFICE) LIMITE TO CAUSE OF INJURY (AT HOME STREET, FACTORY OFFICE) LIMITE TO CAUSE OF INJURY (AT HOME STREET, FACTORY OFFICE) LIMITE TO CAUSE OF INJURY (AT HOME STREET, FACTORY OFFICE) LIMITE TO CAUSE OF INJURY (AT HOME STREET, FACTORY OFFICE) LIMITE TO CAUSE OF INJURY (AT HOME STREET, FACTORY OFFICE) LIMITE TO CAUSE OF INJURY (AT HOME STREET, FACTORY OFFICE) LIMITE TO CAUSE OF INJURY (AT HOME STREET, FACTORY OFFICE)	ATH IERTER ONLY ONE COUSE PER TIME FOR ICH, (b), and ich was CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF IGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT HEMISPHINE CENTRAL CONDITIONS CONTRIBUTING TO DEATH BUT HEMISPHINE CENTRAL CONDITIONS CONTRIBUTING TO DEATH BUT HEMISPHINE CENTRAL CONDITION FOR WHICH OPERATION UNDERLYING TO THE OF INJURY HOUR A.M. MONTH DAY YEAR AEDICAL EXAMINER) 19. CAUSE OF DEATH AEDICAL EXAMINER) 19. CAUSE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 URRED 19. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) (b) (c) (1) (this hospital) ottended, the deceased from 100.	ATH LETTER ONLY ONE COUSE PER TIME OF INJURY RATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORME UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER) 235-07-0962 Naomi Lor Vio pulhon C Lor	ATH LETTER ONLY ONE COUSE PER line for Ici, Ib), and Ic low pulmon any DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF LIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT LELATED TO THE TERM HEMISPING RATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER) 216. PLACE OF INJURY P.M. 19 UNRED 216. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 198. (B) 198. (CONTRIBUTING TO DEATH BUT NOT LELATED TO THE TERM HEMISPING 216. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 198. (B) 198. (CONTRIBUTING TO DEATH AEDICAL EXAMINER) 216. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 198. (CONTRIBUTING TO DEATH AEDICAL EXAMINER) (B) 198. (CONTRIBUTING TO DEATH AEDICAL EXAMINER) 199. (CONTRIBUTING TO DEATH AEDICAL EXAMINER AEDICAL	ATH (Enter only one couse per line for (a), (b), and (c), was Caused by: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Only, which immediate of the line o	ATH IENTER ONLY ONE CONTRIBUTING TO DEATH BUT NOT PLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OR PART 2) UNDEFINATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 197. CAUSE OF DEATH AEDICAL EXAMINER) 198. CONTRIBUTY HOUR A.M. MONTH DAY YEAR AEDICAL EXAMINER) 216. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR AEDICAL EXAMINER) 216. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 217. COUNTY 218. LOCATION STREET 219. SEE 210. TO TO TOWN COUNTY 219. COUNTY 210. TO TOWN COUNTY 211. COUNTY 211. COUNTY 212. LOCATION STREET 213. TO TOWN COUNTY 214. LOCATION STREET 215. TOWN COUNTY 216. HOW INJURY OCCURRED CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 218. LOCATION STREET CITY OR TOWN COUNTY (1) (this hospital) ottended, the deceased from 219. SEE 210. TO TOWN COUNTY (1) (this hospital) ottended, the deceased from 219. SEE

DHMH - 16 60M 7/84 (VRA 15, 4)

ould be deta ORTANT

> 230 BURIAL, CREMATION, REMOVAL 236 DATE 12/9/86 Buria1

23c. NAME OF CEMETERY OR CREMATORY Garrison Forest

DEGREE M. L

22e ADDRESS

ATTENDING PHYSICIAN

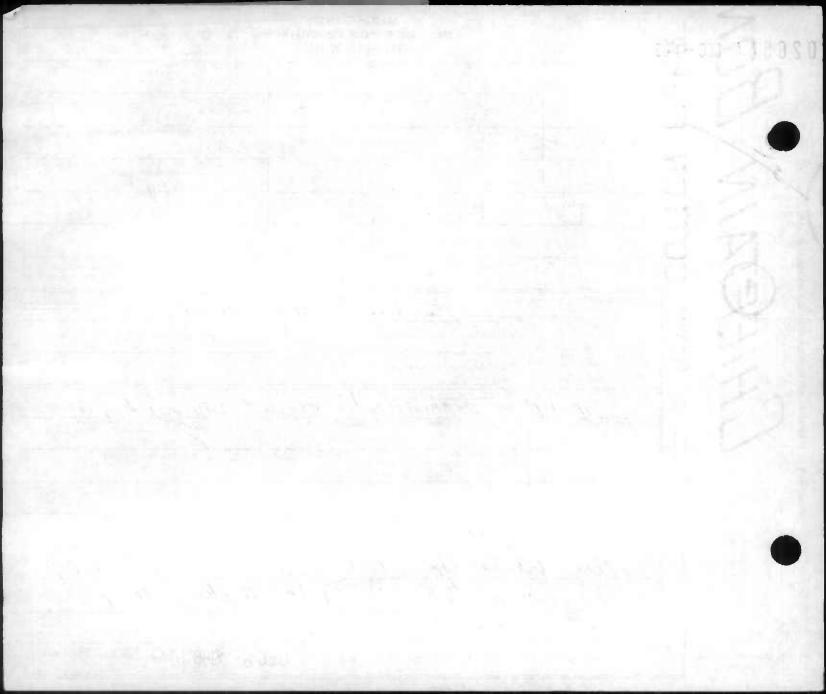
23d LOCATION
CITYOR TOWN
Owings Mills

STATE MD

24 FUNERAL DIRECTOR Wm. March F/H 1101 EDDRESS North Ave.

WHITE

abave, (1) (we) (did) (did nat) view the bady after death



and completely filled in by the funeral director, page 3

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		9	4,

107	- STATE REGISTRAR					FICATE OF	DEATH	RI	EG. NO.	0			Ì
	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEA			YEAR	2b. HO	υR
-		RAE				RIEST		世	12	27	86	10	K
3. SE	FEMALE	4.	RACE WITH	TF_	5. DATE (H DAY	YEAR 2	6. AGE (IN YEARS)		RS_	DER I YEAR	IF UNDE	R 24 HR
	RTHPLACE (STATE OR COUNTRY) Maryla		. CITIZEN OF	WHAT COUNT	MARRIE WIDOWI	-	MARRIED DIVORCED	9 BALTIMORE C			DEATH		,
10. C	Balto.	ATH		HOSPITAL, NUF THE FACILITY, GIVE ST		or OTHER IN	STITUTION	12a USUAL OCC (TYPE OF WORK FOR Manager	MOST OF WORK	ING LIFE) IN	NDUSTRY	F BUSIN	
13a	AL RESIDENCE (IF NUR	SING HOME OF O	HER INSTITUTION	GIVE RESIDENCE BE		113d INSIDE	CITY LIMITS?	13e.STREET ADDI					
Md	d.	Balto			Mills	YES 🗍	NO 🗍	135 Fen			rala	211	17
14. F/	ATHER'S NAME		DDIE	LAST		15. MOTHE	S MAIDEN NA	ME	_				
	William	MI	DDIE	Johnst	on	D	osina	AATE	DDLE	T-7.0 00	LAS	T	
	WAS DECEASED EVER			16b. SOCIAL S		17 INFORM		29	DDRESS	Wag		2.7	
4	(YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES	091-01-	4406	Ma	Elimaha			Kings	-		
	18 CAUSE OF DEAT					I MS.	ETTZabe	eth Bach	O	vings		MAATE INTE	Md.
MOIL	PART 2. OTHER SIG							INAL DISEASE OR			127		
CERTIFICATION	190. DATE OF OPERA	TION	198. COND	ITION FOR WH	ICH OPERATIO	N WAS PERF	ORMED	YES NO	INC	FYES, WE ERTIFYING YES []			TH?
	218. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEATH		F INJURY M. MONTH M.	DAY YEAR	21c. HOW	NJURY OCCUR	RED (ENTER NATURE O	OF INJURY IN ITE	M 18 PART I	OR PART 2)		
MEDICAL	21d. IN JURY OCCUR WHILE NOT W AT WORK AT WO	HILE []	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFI	ICE, FARM, ETC.)	21f LOCAT		CIT	ORTOWN	(OUNTY		STATE
	22a. I certify that (I sow the deceas abave, (I) (we) (ed alive an _	12/2	7 1	9 8 6 , a		, 19	, ta death accurred an	the dote on	d hour and		causes st	tated
	22h SIGNATURE	ere	~	Mo		DEGREE		MEDICAL DIRECTOR P	STAFF HYSICIAN	-	22c. DATE	SIGNED	
	22d. PHYSICIAN'S N	AME (TYPE OR P	RINT)			22e ADDRI	NA	HOSP	ITAL				
	BURIAL, CREMATION, (SPECIFY) Remov		23b. DATE 12-27		3c. NAME OF C	EMETERY OF	CREMATORY	23d. LOCATION	4	COU	NTY		STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been si should be detached for use as the buriol-tronsit permit. The with the State Dept. of Heolth and Mental Hygiene prior to

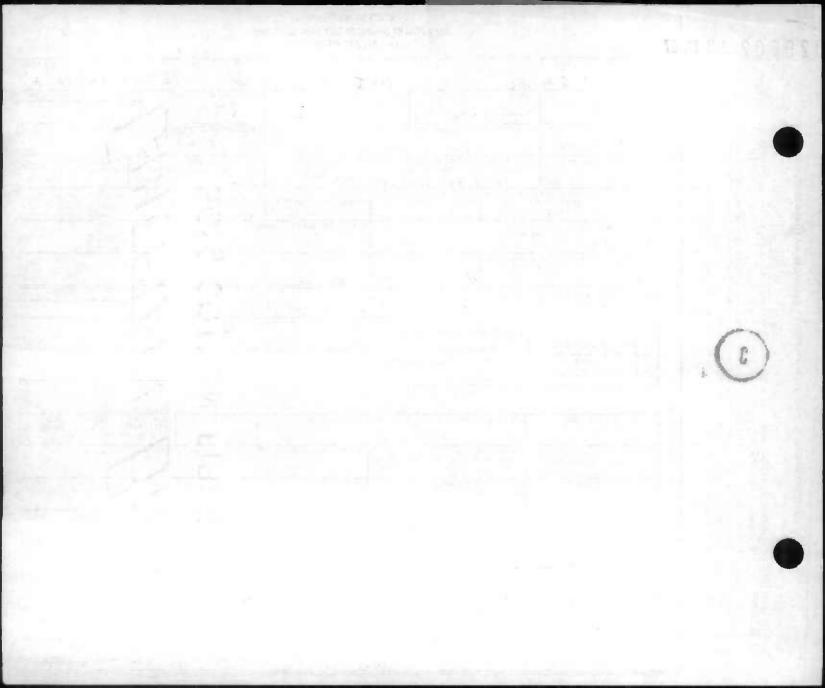
TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physicion.

Anatomy Board

24 FUNERAL DIRECTOR

Balto., Md.

By REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Dandon Randell



(VR A15 ME (5))

9705 Belair Road, Balto, Md.

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STATE OF MARYLAND

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Male | Black | 4 17/1923 63

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Griffin Nary tenson

Mrs. Marvient 21227

nuriel 12/11/300 Artutu Perorial Fero Nulle Son Suneral Arme, inc. 2501 Counts Fello Lawy. Baltimore, ic. 21216

Custodian 1941. Family Hixkings, Manylamb 21390 1008 old Hixridge Landing "oad

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 within 24 IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar other should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

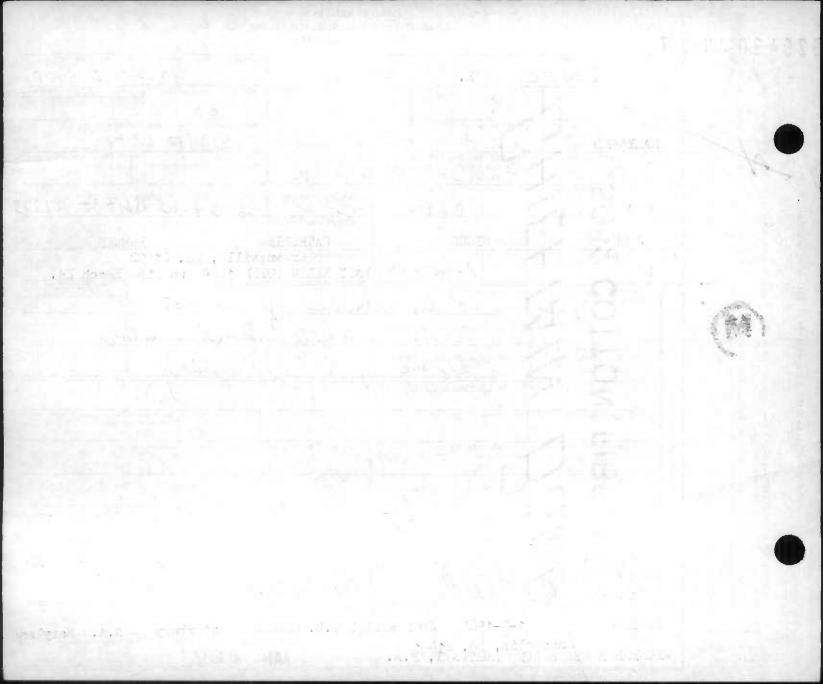
page 3

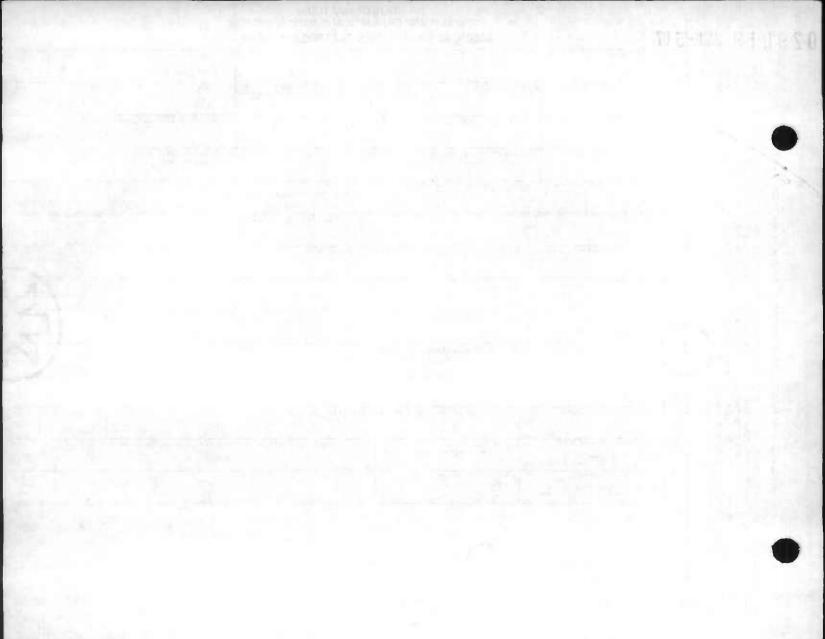
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

C	17	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H	HYGIENE	REG. NO.	5 4	b-3	0 4	
		EASED NAME	FIRST	N	AIDDLE		AST	2a DATE	OF DEATH MON	NTH DAY	YEAR 2	h HOUR	-
	{TYPE	OR PRINT)	uist	9	К.	610	Zimes		1	2-29-8	7	5:10 P	
	3. SEX			RACE		5 DATE C		6 AGE	IN YEARS LAST BIRTHDA			FUNDER 24 HRS	_
		8	- in	B		MONTH	DAY YEAR	2	68	MONTHS	DATS H	OURS MIN.	-
A	Ia. Bli	RTHPLACE (STATE OR FO	REIGN 7h	CITIZEN OF V	WHAT COUNTRY?	B.		9. BALTI	MORE CITY OR C	OUNTY OF DEA	TH		-
7		MARYLAND		II C	A	MARRIE		<u> </u>	BATTO	Cita	1		
4.6	-	TY OR TOWN OF DEAT	TH 11				DIVORCED OR OTHER INSTITUTION		AL OCCUPATION	126 K	IND OF E	MI BUSINESS OR	
6	N. S.	BAtto		501		ouk	s Hosp.	TYPE OF V	VORK FOR MOST OF WO	ORKING LIFE) INDU	STRY		
	13a S	AL RESIDENCE (IF NURSIN	136 COUNT		TIL CITY OR TOY	VN	13d. INSIDE CITY LIMITS	? 13e.STREE	ET ADDRESS / ZII	P CODE	6 1	0.10	_
opy (file		md +			BATT	70.	YES NO	2	334-h	J. 13A1T	.JT.	a do	25
-	14 FA	THER'S NAME	MIC	DDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LAST		
-	-	JOHN	367	D	IGGS		KATHER			BREWE	ER		
	16a W	AS DECEASED EVER IN	U.S. ARME		166 SOCIAL SECT	1110	17 INFORMANT Cro	wnsvil	le, AMESS	21032			
		NO UNKNOWN)			224-50	-0647	MARY ELLEN	QUEEN	1264 Sun	Rise Be	each	Rd.	
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter anly	ane cause per	line far (a), (b), ar	nd (C).1	0			BET	PPROXIMA	TE INTERVAL SET AND DEATH	
	2		MMEDIATE		Carde	opu	lucina	4	aus				_
		15.2		DUE TO, OR	ARTHONSEON	ENCE OF	0	0 0	. 0	1.4			
		Canditians, if any,		(b)	Sum	C ,	acule	Jan	The C	Taller	6_		_
		cause (a), stating underlying cause		DUE TO, OR	AS ACONSEQU	ENCE OF	GI	Ble	ediv	4			
		PART 2 OTHER SIGNI	IFICANT CO	NDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISE	ASE OR CONDIT	ON GIVEN IN PA	ART Ital		=
	ION								J				
1	CERTIFICATION	190 DATE OF OPERATE	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a Al	UTOPSY? 20	b. IF YES, WERE I I CERTIFYING CA	INDING	S USED F DEATH?	
Д	RTI						Val. Month bullion - a -	YES		YES		NO 🗌	_
7		210. ACCIDENT WAS UNDE		HOUR A.M	M. MONTH D	AY YEAR	21c. HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY IN	ITEM IB PART I OR PA	AR1 2)		
1	MEDICAL	(IF EITHER, NOTIFY MEDICA		P./		19							
	MED	21d. INJURY OCCURRE		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC }	211. LOCATION STREET		CITY OR TOWN	COUN	411	STATE	
		22a I certify that (I) (enttended the	deceased from	12	- 79 10 6	52	12-29	19 80	the	it (l) (we) las	_
		saw the deceased abave, (ا) سرا (die	d alive an	12-2	4 19	82 , ar	nd that in (my) (our) opini	ian death occu	rred an the date o				
		276. SIGNATURE_	6	7 6)		DEGREE			226	DATE SIG	GNED	-
		Mositon	K	. 0	rul /	M	ATTENDING PHYSICIAN		AL STAFF OR PHYSICIAN	P /a	2-2	9-82	,
		22d. PHYSICIAN'S NA	ME (TYPE OF P	RINTI			22e ADDRESS	GOUR	c 11	- To 1	1		1
		ROSITA	K.	CR.	46		DUN SE	COHR	7,100	SPIJAL			
		URIAL, CREMATION, R	EMOVAL	23b. DATE			EMETERY OR CREMATOR		CATION CITY OR TOWN	COUNTY		STATE	
				1-3-19		HN WES		URCH	Waterbur		A	Maryla	an d
	24 FU	ILLIAM REES	Annap	olis, I	Md 2140	1 A			1987	1.1 ~ 1.	GNATUR	E - J - C	
	*** 64) Or 10	OND MO	ILTOWILL .	T . Tr.	- 3	AN E	1001 6	fulla Desic	won. K	and all,	

Julia Disidion Randales





	1			STATE OF MARYLAND		
980 DEC	1	FOR STATE GISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	5 4 . 0
000 000		CHASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	4 110011
deoth deoth		JOHN	LEO	GRZECHOWIA		10 86
offe	3.56	MAIF	4. RACE	5. Date of BIRTH MONTH DAY YEAR 15	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS M
1000	7a. B	RTHPLACE (SLATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9 RAITIMORE CITY OF CO	OUNTY OF DEATH
10-K	m	ARYLAND	USA	WIDOWED DIVORCED		E CITY 126 KIND OF BUSINESS
11/10	R	HtimAPE	(IF NOT IN SUCH FACULTY, GIVE STR		(TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDUSTRY
54 5/	esu De.	AL PESIDEALCE : MURTING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BER			
	m	ARYLAND I	BALFIN	TORE YES NO	6802 BOST	TOWAVE 212
11200		JOHN	ARZECHA	WIAK ANTOIN	MIDDLE	WISNIEWS
dico.	160.	VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	CURITY NO. 17 INFORMANT	ADDRESS	1040 72/2
1		YES WY	11 318-18	2596 MR. BRUCE	E GRZ ECHOWIA	K LODO DOSTON
		PART I. DEATH WAS CAUSI	nly one cause per line for (o), (b), ED BY: LTE CAUSE (o) Own Con	1	to melater!	BETWEEN ONSET AND DE
		IMMEDIA	DUE TO, OR AS A CONSEC	/	an ruman	
other cove o ston.	1	Conditions, if ony, which gove rise to immediate	(b)	rotivet or		
y the crement of the ch	10	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	DUENCE OF		
please y, er o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO	Chromi ob	186	oning disease		
9	CERTIFICATION	INE DATE OF OPERATION	196. CONDITIOM FOR WH	CH OPERATION WAS PERFORMED		D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
the state of the s	CERT	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	
de porte de properties de prop	MEDICAL	OR CONTRIBUTING CAUSE OF DE	R) P.M.	19		
the	MED	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	21f LOCATION STREET	CITY OR TOWN	COUNTY
Afre and a second			pital) attended the deceased from	n 8-29 19	16	, 19, tho (1)(we)
G108		sow the deceased alive or above (1) (we) (did) (did no	of view the body after death.	-/	ion deoth occurred on the date o	nd hour and from the causes state
Dept of the board		In Signature Alling	Pl	DEGREE ATTENDING	G MEDICAL STAFF	22c. DATE SIGNED
AND STATE OF THE PARTY OF THE P	1	27d. PHYSICIAN'S NAME (MPE	OR PRINT)	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	Ц
omed outday white PORT		CHI-SHIANG	CHZN	Church How	e Hosp.	
19 6913	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23	L NAME OF CEMETERY OR CREMATOR	23d LOCATION	STATE STATE
ВР	2/1	UNERAL DIRECTOR	113/10/1	MCKED HEAK! LE	DATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
AH - 16 50M 4/83 (VRA 15, 4)	K	CZOROWSKI F	UNERAL HOME	2525 FIEET SH D	EC 11 1986	den Broken Bridge

THE LEG SECTIONS IN SELECTION many CAME. I IS SELECTED AND THE SELECTE LE HALL BROWNING CARLO CARLONSE CARLO INCH MURE LEGG BELIEVE AVE THE WINE WEST ELECTED MAICHER BALTINGS BALT JOHN GRZECHOWAK ANTONETTE WISHENSAL MAN I FOR INVESTIGATION BRIDGE (TILES CHIVING LIFE) PURLAGE CONTRACT CONT KARTOKEWEAT FUNERAL HAVE STORE WEEKEN DER 11-1809

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

page 3 er deoth

STATE	OF	MARYLAND	

1-3	Ber	O	

-5	87	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 4	0/
		CEASED NAME FIRST	MIDDLE		AST	26. DATE OF DEATH MON		2b HOUR
		Pł	nilip Joseph Gum	pman		12	- 30 86	425 AM
	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAY	
		M	White	08	24 1838	88	YRS	J. CONS J. JAMA.
3		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	USA	8. MARRIEI WIDOWE	DENEVER MARRIED DENEMBER DIVORCED	9 BALTIMORE CITY OR CO		MD
13		SALTINORE CITY	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR EXECUTIVE	RKING LIFE) INDUSTR	OF BUSINESS OR Y
3	13a. S	Mayland Balt	other institution give residence before TY 13c. CITY OR TOW Buthous	N	13d INSIDE CITY I IMITS?	130 STREET ADDRESS / ZIF		21239
30	14 FA	ATHER'S WAME Charles Gi	AIDDLE LAST	1	Wilhelm		ı	AST
2		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS		
5		YES, NO OR UNKNOWN) (IF YES, GIVE	215-07-9	3890	Mr. Benjamin	Stehley 6650	Loch Hil	1 Rd39
1	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D 198. CONDITION FOR WHICH	DEATH BUT			DN GIVEN IN PART	
2	TIFIC					YES NOD	CERTIFYING CAUSE YES [S OF DEATH?
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN I	TEM IB PART (OR PART 2)	
	MEDICAL	21d. IN JURY OCCURRED WHILE ONT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did not				death accurred on the date a		
è		22b. SIGNATURE DUY	nyeti		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/101	30/86
		6 HINWA	DUMYATI			notion Hosp.	hie	
	(BURIAL, CREMATION, REMOVAL			Redeemer Cem.	23d LOCATION CITY OF TOWN Baltimore		STATE
84		uneral director [TCHELL-WIEDEFE]	D HOME, INC.	6500	York Rd. 250 DAT	C 3 1 1486	REGISTRAR'S SIGNA	- Pandais

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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital ar attending physician

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within 24 hours ofter death. Page 4 may be

FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		FIRST		MIDDLE		LAST		A DATE OF DEA	TH MONT	H DAY	YEAR	2b. HOUR
	ECEASED NAME			- 6		1		20 DATE OF DEA			86	115
		athan		M·	G	undy			1 2			11.2
3. SI	male		4 RACE	1-04	5. DATE C		YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTH	DER TYEAR	HOURS A
L.				lack	11	1/	0.3	8		YRS.		
a. t	IRTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVERMAI	RRIED 🗆	9. BALTIMORE CI			EAIH	
10 (NORTH CAR		US o		WIDOWE	DIVO	RCED	BALT	IMORE			F BUSINESS
Iu c	BALTIMOR		(IF NOT IN SUC	HEACILITY, GIVE STREE	ET ADDRESS)		JIION	(TYPE OF WORK FOR A		KING LIFE) IN	DUSTRY	FFEUR
134	AL RESIDENCE (IF NO	RSING HOME OR		13c. CITY OR TO	WN	13d. INSIDE CITY		13e STREET ADDR				2121
	IARYLAND			BALTI	MORE	YES NOTHER'S M	0		13 N.	ROSE	DALE	STREE
14.1	ATHER'S NAME FIRST EDDIE		WIDDIE	GUND	Y	FIRS ELI	51	WID	DIE		FIT	TS
	WAS DECEASED EVE		MED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT		A	DDRESS			21216
	NO	(4 163, 014	E WAR OR DATES	220 30	0097A	MRS. M	OZELL	E A. GUN	DY 7	13 N.	ROSE	DALE S
	Canditions, if an gove rise to in cause (a), stat underlying cau	y, which nmediate	(b)	r as a consequ	F	Priend		ulu	e 11	t sa s		
TION	gove rise to in cause (a), statunderlying cau	y, which nmediate ling the se lost.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE	UENCE OF DEATH BUT	PY LEV	V SC	NAL DISEASE OF	COMMID	ACTIVIN		
TIFICATION	gove rise to in cause (a), stat underlying cau	y, which nmediate ling the se lost.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE	UENCE OF DEATH BUT	Profer	V SC		20b	IF YES, WEI	RE FINDIN	
CAL CERTIFICATION	gove rise to in cause (a), statunderlying cau	oy, which inmediate thing the se lost. ATION NDERLYING CAUSE OF DEA	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 196 COND THE HOUR A.	ONTRIBUTING TO	D DEATH BUT	NOT RELATED TO	V SC THE TERMI	ZOn AUTOPSY?	20b	IF YES, WEI CERTIFYING YES	RE FINDIN CAUSES	GS USED OF DEATH?
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MEDICAL	gove rise to in cause (a), statunderlying cau PART 2. OTHER SK 19a DATE OF OPER 21a ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 21d IN JURY OCCU WHILE AT WORK 22a.1 certify that I saw the deced above, (I) (we) 22b. SIGNATURE 22d PHYSICIAN'S.1 BURIAL, CREMATION (SPECIFY)	NAME (179E O	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 197 COND 198 COND	ONTRIBUTING TO WHICH	DEATH BUX H OPERATIO DAY YEAR 19 E FARM, ETC.) NAME OF C	NOT RELATED TO	THE TERMI	Z8a AUTOPSY? YES NO ED (ENTER NATURE O CITY to 2 eath accurred an I MEDICAL PH	206 IN COR TOWN OR TOWN STAFF HYSICIAN	IF YES, WEI CERTIFYING YES EM 18 PARTIC	OUNTY OUNTY From the	STA

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STATE OF MARYLAND

DEPARTMENT	OF	HEAL	LTH	AND	MENTAL	HYGIENE	
CEI	RTI	FIC	ATE	OF	DEATH		

REG.	NO.		arec:		0	
OF DEATH	MONTH	D/	AY YE	AR 21	HOUR	
MBER	20.	798	36		11201	1

	1 DEC	Female BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania CITY OR TOWN OF DEATH Baltimore France LITY OR TOWN OF DEATH Baltimore France LITY COUNTY BALTIMORE LITY BALTIMORE WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) BALTIMORE WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) BALTIMORE Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. CONDITION PART 2 OTHER SIGNIFICANT CONDITION PART 2 OTHER SIGNIFICANT CONDITION 19a DATE OF OPERATION 19b CONTRIBUTING CAUSE OF DEATH HOLD CITY OR CONTRIBUTING CAUSE OF DEATH HOLD CITY OR CONTRIBUTING CAUSE OF DEATH HOLD ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOLD 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOLD ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOLD 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOLD 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOLD 21b. TI HOLD ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOLD 21c. PICKET WORK CAUSE OF DEATH HOLD 21d. MINJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PICKET 21d. P	Ella	GUIER	MUTH	DECEMBER 20, 1986 26 HOUR				
	1 (58)		4. RACE White	5. DATE (15 1911	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS D	YEAR IF UNDER 24 HRS		
5	Pe	ennsylvania	76. CITIZEN OF WHAT COUNTR U.S.A.	Y? 8. MARRIE WIDOW!	D NEVER MARRIED DIVORCED	Baltimore City or Cou	INTY OF DEAT	H MD.		
1	1	Baltimore	II. NAME OF HOSPITAL, NUR: (# NOT IN SUCH FACILITY, GIVE STR Francis Scott	Key Med	dical Center	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		ND OF BUSINESS OR TRY		
1	Mar	ryland Balt	13c. CITY OR TO	NWO	13d INSIDE CITY LIMITS? YES NOXXX	130 STREET ADDRESS / ZIP C 6 Roseview Rd				
Z	1	Charles Ell	sworth Rank		15 MOTHER'S MAIDEN NAME FIRST Lecanna	MIDDLE		rtin		
2		YES, NO OR UNKNOWN) (IF YES, GIV			Edward W. Gu	ttermuth 8 Lomb	bardy D			
		PART 1. DEATH WAS CAUSE	D BY:		ARREST		BEJW Z	PROXIMATE INTERVAL VEEN ONSET AND DEATH		
	180.00	gave rise to immediate couse (a), stating the	HF 2	70 years						
2	CERTIFICATION		CONDITIONS CONTRIBUTING T			20a AUTOPSY? 20b. If	F YES, WERE FI			
1	MEDICAL CER	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED VIII. NOT WHILE 22c. I certify that (I) (this haspensor the deceased alive on the dece	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ital) attended the deceased from	n	711 LOCATION STREET 1 19 8 and that in (my) (exc) apinion (CITY OR TOWN CITY OR TOWN Compared to the date and the date and	COUNT 19 8 1	state , that (i) (we) lost the couses stated		
1		terrys	7	nd	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIANS ORF POR	12,	720/1986		
		Burial			emetery or crematory nited Evan Cem		Marylan			
			dley, Inc., Dum	dalk,	Md. 21222 250. DAT	C22 1986	GIETRAMO STO	NATURALAN		

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Divideon Pardon

	REGISTRAR				6614111	ICATE OF DEATH	REG.	NO.			
	CEASED NAME	FIRST		MIDDLE	Į.	LAST	2a. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR	0
(TYPE	OR PRINT)	GEVEL	AND		6	JUY		12 11	86	12:02	2) 1
3. SEX		4.	RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST		F UNDER I YEAR	IF UNDER 24	
	56.77	1			MONTH		100		ONTHS! DAYS	HOURS	MIN.
7 010	Male		Whit			-1926	9. BALTIMORE CITY	YRS.	DEDEATH		
	RTHPLACE (STATE OR F	OREIGN /b.	CITIZEN OF	WHAT COUNT	MARRIE	NEVER MARRIED) SALTIMORE CITY	OK COUNTY C	JF DEATH		
	Va.		U.S.A		WIDOWE	ED DIVORCED	□ ✓ Ba	Lto. Cit	ty		MD.
10. CI	TY OR TOWN OF DEA	ATH 11		HOSPITAL, NU		OR OTHER INSTITUTION	12a. USUAL OCCUPA			OF BUSINES	SOR
B	altinion	e .	TSM 6			Scott Key Hos			IIADOSTKI		
I U A	L RESIDENCE (IF NURS			GIVE RESIDENCE B	EFORE ADMISSION)				21	237	
11n. S		13b. COUNTY		13c. CITY OR T		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS				
14 5 4	Md . THER'S NAME			B	alto.	YES TO NO 15. MOTHER'S MAIDEN N	2000 Ode	LI Ave.	, Apt	1920	
19. FA	FIRST	MID	DLE	LAST		FIRST	WIDDIE		LA	ST	
	Jimmy			Guy							
	AS DECEASED EVER	IN U.S. ARME		166 SOCIALS	ECURITY NO.	17 INFORMANT	ADD	RESS			
{ Y	Yes	(IF TES, GIVE W	AR OR DATES	224-26-	-2523	Margaret Gu	v. Same as	13e			
	18 CAUSE OF DEAT	L Entor only	200 50450 005						APPROX	ONSET AND DE	AL
	PART I. DEATH W	AS CAUSED E	BY:	Para		mest			DETWEEN	ONSET AND DE	EAIN
		IMMEDIATE (CAUSE (a)	Lora	i ac a	1,702.					
			DUE TO, O	R AS A CONSE	QUENCE OF	15 1					
	Conditions, if any,		(b)	multi	pu se	Izur epr	ovals		-		
	gave rise to imm cause (a), statin		DUETO	R AS A CONSE	QUENCE OF		1 4				
	underlying cause	last.	((()	anox	Yic borun ence phalopathe			they			
	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	N IN PART 1	a ·	
N	COPO	inte	chion								
CERTIFICATION	19n. DATE OF OPERA			ITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED	
F									ING CAUSES		
KT	21g. ACCIDENT WAS UNI	DEBLYING TO	21b. TIME O	E INTITION		21c. HOW INJURY OCCU	YES NOW	YES		NO 🗌	
Ö	OR CONTRIBUTING	-			DAY YEAR	THE HOW INJURY OCCU	KKED (ENTER NATURE OF IN	JURY IN ITEM IB PAR	ti i OR PARI 2)		
CA	(IF EITHER, NOTIFY MEDI		P.	M.	19						
MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY	EICE EARM ETC.)	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STA	ATÉ
2	AT WORK AT WO	RK	, arriant on	icer, meroki ori	100,1400,0107				_ /		
	22a.1 certify that	(this hospital	attended th	e deceased fro	om_ [2]	10 19 8	a 10 10	11	86	that (IV we	e Dlast
	saw the decease	ed alive an	12/11	1	OCI	nd that in (my) (aur) apinio	n death accurred on the	date and hour	and from the	causes state	ed
	abave, (1) (we) (c 22b. SIGNATURE	did) (did nat) v	iew the bady	after death.		DEGREE			22c DATE	SIGNED	
	ZZII. SIGNATURE	1.1.				ATTENDING	MEDICAL ST	AFF .	13/	:1/0	7
	C	100				PHYSICIAN	DIRECTOR PHYS		114	11/8	6
	22d. PHYSICIAN'S N	AME (TYPE OR PI	RINT)			22e. ADDRESS	14.11.	1 1	6 0	1. 0	
	UNG	OH!	IN			Fran 45 56	off key 1	need C	N V	(M)	
23n B	URIAL, CREMATION,	REMOVAL I	23b. DATE		23c. NAME OF C	EMETERY OR CREMATOR	23d LOCATION				
(SPECIFY)						CITY OR TOWN	3/	COUNTY	STA	ATE
24 51	Crematic	onl	12-16-	-86	Westv		ATE REC'D. BY REGISTRA	ore, Ma			
24. FU	INERAL DIRECTOR			ADDRE	ESS	25a. D	Ditte		Fr		
Le	onard J. I	Ruck, 1	nc.,57	305 Har	ford Rd		DEU 1 6 19	86	Davido	m. Pan	Joe.

Harford Rd.

Leonard J. Ruck, Inc., 5305

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	REG. NO.	4 - 1 %
,	(TYPE	CEASED NAME FIRST	FD	L	GU	ZINSKI	20. DATE OF DEATH MONTH DA	86 2:40 A M
ň	3. SEX	× Female	4. RACE	e	5. DATE O			UNDER I YEAR IF UNDER 24 HRS
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	VHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY C	DF DEATH MD.
9	Ва	ITY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A	DORESS)	al Hospital	120. USUAL OCCUPATION (119E OF WORK FOR MOST OF WORKING LIFE) Housewife	126. KIND OF BUSINESS OR INDUSTRY
5	13a S	AL RESIDENCE (IF NUR. 10 FOR STATE Aryland ne		GIVE RESIDENCE BEFORE . 13E. CITY OR TOWN Pasadena	4	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE 3907 Belle Of Ge	211 22 eorgia Ave.
4	14 FA		dward	Wink		15. MOTHER'S MAIDEN NAME FIRST NELLIE	ME MIDDLE	Best
3		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	166 SOCIAL SECUR		Mary Ann Wrig		of Georgia Ave.
	N	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR DUE TO, OR DUE TO, OR (c)	As a consequer Athero LAS A CONSEQUE CONTEST	NCE OF NCE OF	1.0	Mt disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	CERTIFICATION	196 DATE OF OPERATION	01-21	TION FOR WHICH (OPERATIO	N WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
7	MEDICAL CER	710. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (1) EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	A. MONTH DA A. DE INJURY SET, FACTORY, OFFICE, FA	19 RM, ETC)	231. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	COUNTY STATE
4		27a.1 certify that (1) (this haspi sow the decreased alive an above, (1) (we) (did) (did no 27b. SIGNATURE	view the body	15: 19 8	3G, 01	DEGREE ATTENDING PHYSICIAN	medical Staff Director Physician	o_86_, that (I) (we) lost and from the causes stated 22c, DATE SIGNED
	40.0	22d. PHYSICIAN'S NAME (TYPEO	DESAI			North cho	ules tespital	Baltimare

(SPECIFY) Burial 236. DATE
Dec. 17, 1986 Druid Ridge Cem.

Pikesville

Baltimore Md.

REGISTRAR'S SIGNATURE Eckhardt Funeral Chape 250 PSE Owings Mills, Md. 21117

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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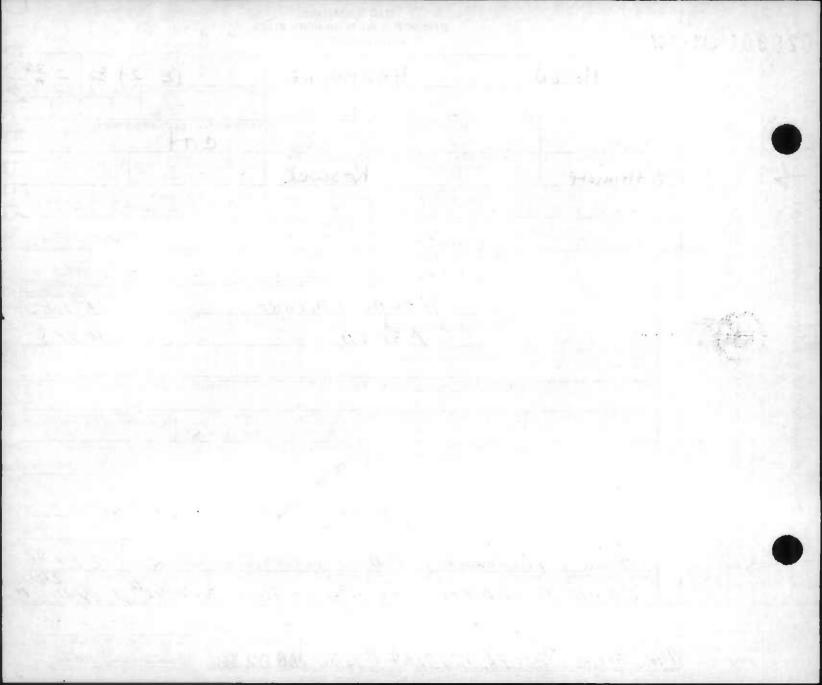
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

6 8	FOR STATE REGISTRAR	DEPART		CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH					
_	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
		A	11 4	200,00	IN DATE OF DEATH	24 86 23			
	HELE		114	GADODE	(2	29 00 27			
3. SE	X	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M			
-	Female	Caucasian	Oct		92 ,	'RS			
	70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUL		? 8		9. BALTIMORE CITY OR COL				
	COUNTRY)		MARRIE	D NEVER MARRIED	4.				
	laryland	U.S.A.	WIDOWI		CIT	I			
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		11 . 11	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS INDUSTRY			
1	PHIMOHP			Keswick	Bookkeeper	Insurance			
USU	AL RESIDENCE (IF NURSING HOME (OR OTHER INSTITUTION GIVE RESIDENCE BEFOR							
1				13d. INSIDE CITY LIMITS? YES X NO	410 Roland	Ave. 21211			
	laryland TBal	timore Baltı	more	15 MOTHER'S MAIDEN NAM		11101			
14. FA	FIRST	MIDDLE LAST			WIDDLE	Swain			
L	Gilbert	Hagadone		Zorah		Swann			
	WAS DECEASED EVER IN U.S. A		URITY NO.	17. INFORMANT	ADDRESS				
	YES, NO OR UNKNOWN) (IF YES, G	(IVE WAR OR DATES) 212070	Donnie Bay	, Baltimore	, Maryland				
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)								
	Conditions, if any, which	DUE TO, OR AS A CONSEQU		L FAILUR		10 YRS			
NO	gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO			
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	COUNTY STAT						
	220.1 certify that #1 (this haspital) attended the deceased from 12-24 19 86, and that in (my) (our) opinion death occurred on the date and hour and sobove, (#) (we) (did) (did 1) view the body after death.								
	22h. SIGNATURE F.	Hartman,	MI		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 1224-8			
	122 MYSICIAN'S NAME (TYPE	= HARTMAN,	M-D	reswict -/7	tone-700 w 4	oth st. BALTO.			
	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF	EMETERY OR CREMATORY	23d. LOCATION				
1	Burial	12/27/86 I	anta	n Cemetery	Denton	Caroline MD			

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.



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NORTH

FIRST Crarlie

FOR

REGISTRAR

24 FUNERAL DIRECTOR

FUNERAL HOME

DHMH - 16 60M 7/B4

(VRA 15, 4)

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HY

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9. BALT	IMORE	CITY O			DEATH			
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07/84 25M

DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL H MINER'S CERTIFICATE O		Ó	REG.	NO	3 4	4	7		.5
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	REGISTRA									0. 02.		KEG. P	10.			
	CEASED N	AME	FIRST		WIDDLE		L	IST			20. DATE OF	KNOWN	MONT	H DAY	YEAR	2b. HOU
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3. SE	X	4. RACE	5. E	ATE OF BIRTH		6 AGE (IN YEAR	RS IF UND	ER TYR.		R 24 HRS.	2c. DATE		MONTH		YEAR	24 HOL 2:2
M-	ale	Whi-		onth DAY	YEAR	LAST BIRTHDAY		DAYS	HOURS	MIN	PRONOUN DE AD		12	/14/	1986	2:2 P
	IRTHPLACE			CITIZEN OF WE	1935	50 YRS	1					ORE CITY	OR COU			1 [
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10. C			n 111.	(IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)	OK OTHER	KINSIIIUI	ION	FOR	MOST OF WOR	KING LIFE)		K 128. KI	IND OF BURY INDUSTR	SIMESS
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13a. S	TATE	11:	3b. COUNTY	HER INSTITUTION, GR	13c. CITY	OR TOWN		3d INSIDE CIT	Y LIMITS?	13e. STR	EET ADDRE	SS				
M	aryla	nd .		And in case of the last of the	Ba I	timore		YES 🛣	NO [480	2 Wes	tpark	way	2[2:	29	
14. F	ATHER'S NA	ME	AA I	DDLE		LAST		5. MOTHE	R'S MAIL	EN NAME		IDDLE	·		LAST	
He	nry		Haines	5512		LASI	1	artha	E.	Piat		Doct			5731	
16a. \	WAS DECE	SED EVER IN	U.S. ARMED	FORCES?	16b. SO	CIAL SECURITY	NO.	7. INFORM	ANT			ADDRES	terp	rise	Alab	ama
()	res, no, or un	KNOWN) (IF YES, GIVE WAR	OK DATES)				Dona l	d Ha	lnes	106					31110
	18 CAUS	E OF DEATH	(Enter only on	e couse per line	for (a) (h) and (c))		3 2 7 1 0 1				., 094	0.0	A	PPROXIMATE	INTERVAL
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	PART 2 OTH	ER SIGNIFICANT (CONDITIONS CONT	RIBUTING TO DEATH I	BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE (R CONDITION	GIVEN IN P	ART 1 a						
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CAT	19a DATE	OF OPERAT	ION	19b. CONDIT	ION FOR	WHICH OPERA	TION WA	S PERFORA	AED?					20 /	AUTOPSY?	
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MEDICAL CERTIFICATION		RNAL CAUSE		216 TIME OF HOUR A.M		DAY VEAR	21c HOV	W INJURY	OCCURR	ED (ENTER	NATURE OF IN.	URY IN ITEM I	8 PART I OR	PART 2)		
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Σ	WHILE AT WORK	D NOT W	HILE -	STREET, FACT	ORY, FARM, E	TC.)	STR	EET			CITY OR TO	WN	(COUNTY		STATE
	AT WORT	AIWC	JRK.							FF7						
	220 le	ertify that I t	ook chorge af	the remains des	cribed obo	ove, held on	Autopsy	L	Inspecti	on X.	Inquiry	L c	and in my	opinion		
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5	SIGNATU	RE	/	17			M.D	ASS:	ista	nt_med	ICAL EXAM	INER	DAT	NED	12/15	1/86
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23a.B	URIAL, CRE	MATION, REA	MOVAL 236 D	ATE	230	rest law	ETERY OR	CREMATO	RY	23d. LC	OCATION OR TOWN	Цол	ua rade	T CMusic	yland	oh s
1	Bu+	al	De	c. 1818	6 0										1	A.c.
24. F	UNERAL DI	DECTOR		Witzkess	0	Ily Fun	vill pral	Home ²	5a. DATE	REC'D. BY	REGISTRA	R 25b. REC	GISTRAR'S	SIGNAT	TURE	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	=	+	e u
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	SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Feed by the hospital or attending physicion.	JNERAL DIRECTOR. After this certificate hos been signed by the air mains physical and completely filled in by the furnish as to be detached for use as the buriot-transit permit. Then please removement in Pages Fond 2 should be filled with a 72 na he State Dept. of Health and Mental Hygiene prior to buriot, cremains or immore.	RTANT. If Item 21 is marked or Item 18 shows any injury, ar other traum the medical examiner must be notified at area
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DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME

Female 70 BIRTHPLACE (STATE OR FOREIGN

England 10 CITY OR TOWN OF DEATH

Baltimore

William In WAS DECEASED EVER IN U.S. ARMED FORCES

Canditions, if ony, which

gave rise to immediate cause (a), stating the

underlying cause

19a, DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

WHILE NOT WHILE AT WORK

23a BURIAL, CREMATION, REMOVAL

MD 14 FATHER'S NAME

No

MEDICAL

USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION 130. STATE

18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY:

PART 2 OTHER SIGNIFICANT CONDITIONS

220.1 certify that (1) (this bear and attended saw the deceased olive an. abave, (1) (we) told) (did not) view the bi

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

3 SEX

FIRST SR.

FELIX

MIDDLE

IMMEDIATE CAUSE (a)_

	DEPARTA	AENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 6	3	4	10
	MIDDLE		AST		MONTH DAY	YEAR	26 HOUR
ELIX	HAINS.	0.9	S.F.	12/	22/	84	9:30A M
4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
Whi	te	Oct.	19, 1891	95	YRS	ITHS DAYS	HOURS MIN.
	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED	Baltimore city o		DEATH	MD.
	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Ellerslie	ADDRESS)	or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O		126 KIND O INDUSTRY Relic	ious
OTHER INSTITUTION	GIVE RESIDENCE BEFORE 131. CITY OR TOW Balto	N	13d. INSIDE CITY LIMITS? YES MO	3725 Ellei	ZIP CODE A	O	21218
MIDDLE R.	Hains		15 MOTHER'S MAIDEN NA FIRST Emily	MIDDLE	Adock	LAS	
MED FORCES? E WAR OR DATES)	217 54 8	RITY NO. 3206	Sr. Rita N	addre lary, O.S.		Same	e
D BY: E CAUSE (a)	or AS A CONSEQUE	che	maparese			BETWEEN C	MAIE INTERVAL PASET AND DEATH
DUE TO, O	PR AS A CONSEQUE	NCE OF	رني			3	yss.
ONDITIONS <u>C</u>	ONTRIBUTING TO D	<u>EATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART 110	
19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO S	20b. IF YES, W IN CERTIFYIN YES [
21b. TIME C HOUR A.		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	I OR PART ?)	
	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
attended th	ne deceased from		nd that in (my) (aux) opinion	deoth accurred on the do	19. ite and haur ar		
3	eenson	. ,	ATTENDING _	MEDICAL STAF		12/	22/86
R PRINT)			I //E ALJUKESS				

Burial 12/24/86 St. Elizabeth's ^{14 FUNERAL DIRECTOR}Henry W. Jenkins Sons Co. 4905 York Road Balto., MD 21212

Dr. William P. Benson, Jr.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23¢ NAME OF CEMETERY OR CREMATORY

3506 N. Calvert St., Balto., MD

23d LOCATION

Balto.,

Autia Dividson Pondals

MD STATE

COUNTY

28220 (.... ... FID HOME, C.S.P. 1276 42784 FISA Carrier things to the last none U nus nus Nun Faltau Biton. . Eve climet = 375 inten F. Hein mil No and the second of the secon agents to the comment of the comment St. Hermaniania STATE and the same the same of the s and the same of th Herelian Benzen 40 200 / Wash Dr. Williams F. Danson, Jr. 1808 M. Calvart M., Balb., MD. Sure to the section of the section o AND THE STATE OF T

Beauth B		1	FOR - STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	REG. NO		4 3	11
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The shift-price of the product of th	3	1	Male		Cauca	sian	6	13 11		YRS.		
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SCAUSE OF DEATH Enter only one cause per Indian (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARD ACCOUNTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. OR ONE INDIAN INCIDENTIAL OF INJURY OF INJ	1	100		HOWE	aru	natiove	-			er na.	210/	0
SCAUSE OF DEATH Enter only one cause per Indian (b), and ic AREA A	13	0	1967		C.	Hale		FIRST	V.		ting	Т
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certify that it the harpitals attended the deceased from 19 and that in (my) our) opinion death occurred on the date and hour and from the caudabout (it) well did fill find the bady after detath. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI	g	AL CERT	AL CERT	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)			
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	1	MEDI	Manual American Street	Salem			FARM ETC)		CITY OR TOW	'N	COUNTY	STATE
PAL PHYSICIAN'S NAME BY DESIRED 1220 ADDRESS 0	The second secon		anw the discount of above, (I) we will the	dive one	CHERTEN	PERAS 10	ar ar	PEGREE ATTENDING	AMEDICAL STAF		22c. DATE	SIGNED
236 BURIAL CREMATION, REMOVAL 1216 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	MACRIANT		DIANA	H	(SR)	ELMIS		900 CATO	NO AVE B	10 test		100

DHMH - 16 60M 7/84 (VRA 15, 4)

234. BURIAL CREMATION REMOVAL burial

12/27/86

234 NAME OF CEMETERY OR CREMATORY Grace Episcopal

H. FUNERAL DIRECTOR Gary L. Kaufman 5695 Main St., Elkridge, Md. 21227

CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
CITY OR TOWN
CITY OR TOWN
Elkridge Howard

250. DATE REC'D. BY REGISTRAR 25b REGISTRAR 35 MGNATURE

Md. 21227

DEC 29 1986

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12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 13e STREET ADDRES LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES T NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE ___, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated STAFF DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE (SPECIEVE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26. HOUR 20

E LINDER 21 HRS

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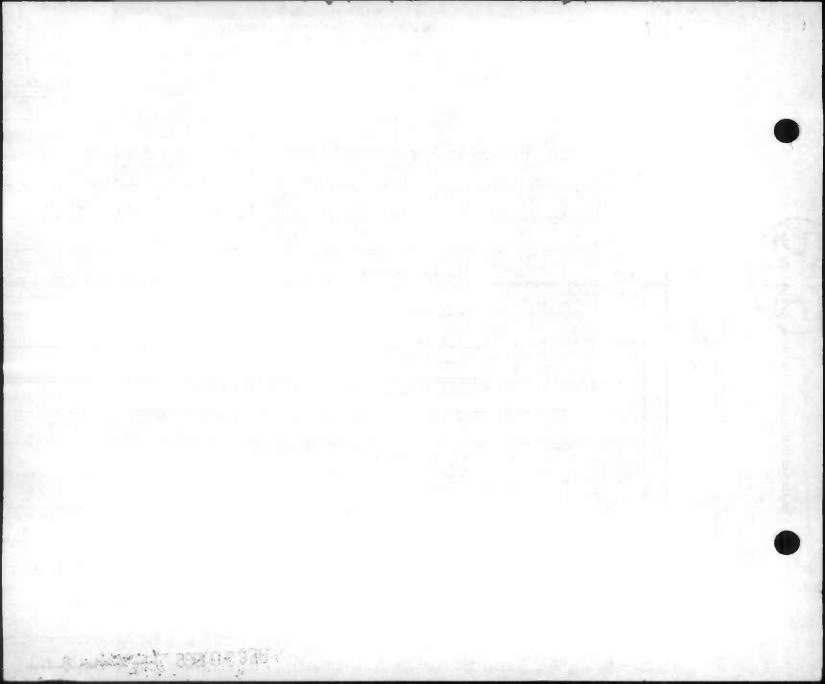
IF UNDER 1 YEAR

DHMH-16 60M 1/73 (VR A 15 (4))

028856 JAN -

STATE

REGISTRAR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- 1	1 SEX		4. RACE		5. DATE	OF BIRTH	6	AGE (IN YEARS LAST BIR	IHDAY)	IF UNDER LYE	AR IF L	UNDER 24 HRS	-
		F	В		6		- 1	76	YRS.	MONTHS DAY	SHO	DURS MIN.	
d	/ BIF	ESTED NAME FRIST A, RACE B				BALTIMORE CITY O	R COUNT	Y OF DEATH			Ī		
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5	13a. S MD	TATE 13b COUN				134. INSIDE CITY LIMIT	rs?	3e.STREET ADDRESS /			212	3 ¹ ,	
		THER'S NAME TILLIP	MIDDLE	JOHNŚÖN			NAM	E MIDDLE		THOMA	.Si	3	
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		Canditions, if ony, which gave rise to immediate										-	
			DUE TO, O	r as a conseque	NCE OF								
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ģ		210. ACCIDENT WAS UNDERLYING	1100110 0		Y YEAR		CURRE		EL WELL NE A	PART 1 OR PART :	2)		_
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		Munt	The	men	A			MEDICAL STAR		12,	121	186	
		226 PHYSICIAN'S NAME (TYPP)	OR PRINT		1/-	22e. ADDRESS	1-	11	100	. 73	110	wi	-
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DHMH - 16 60M 7/B4 (VRA 15, 4)

ELECTION TO 330

ly filled in by the funeral director, page 3 should be fijed within 72 hours ofter death

STATE OF MARYLAND DE

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PARTMENT	OF HEALTH	AND MENTAL	HYGIENE
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					REG. N		
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	, 00			THEOTH	C. FICCH C		
1	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		line for 101, (b), and 101.1			BETWE	OXIMATE INTERV
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1	couse (a), stating the underlying couse lost.	(_{Ic)}	left four	0	hetasis - 21	DITIONGIVEN IN PART	110
1	couse (a), stating the underlying couse lost.	Ic) IT CONDITIONS <u>CC</u>	left four	of folic atel	hetasis - 21	206 IF YES, WERE FIN	DINGS USED
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1101 ADDRESS

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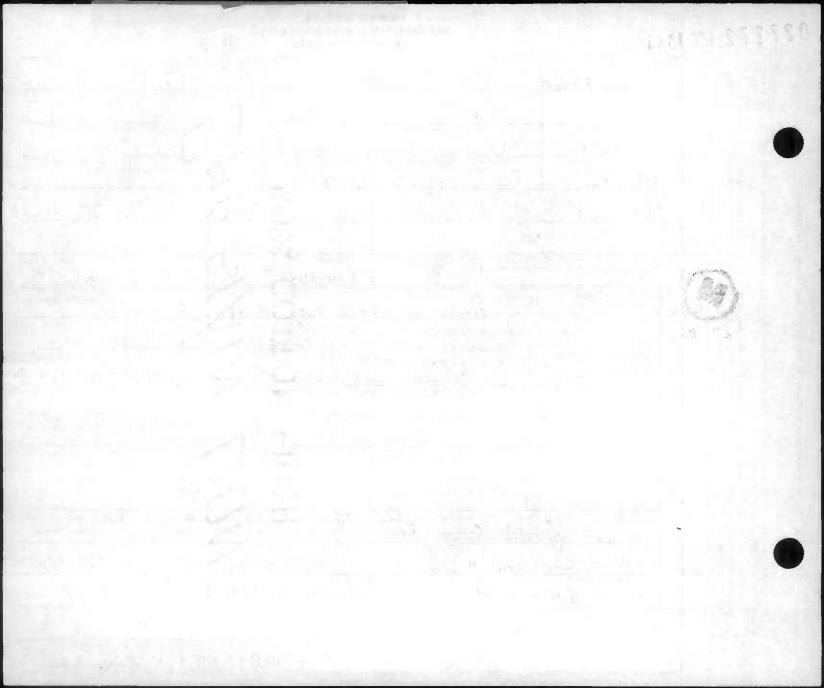
DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove carbet with the State Dept. of Health and Mental Hygiene prior to burial, cremation, are

(VRA 15, 4)

24 FUNERAL DIRECTOR
MARCH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0 + 3 0 e		CEASED NAME FIRST Phil.		MIDOLE		MILTON	20. DATE OF DEATH Decembe	month day	86	26 HOUR 8:00A
e 4 moy loctor. pogo	3. SE	x	4 RACE Black		5. DATE O		6. AGE (IN YEARS LAST BIR		NOER I YEAR	IF UNDER 24 HRS
Both. Pag.	70. B	RTHPLACE ISTATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED 💢	Baltimore City C	OR COUNTY OF	DEATH	MD
s ofter de by the fur filled within	1	ITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET, and Gener	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION I	126 KIND OF	BUSINESS OR
" BALTIMORE, MARYLAND 2120" """ from "led chille 24 hours of the properties of the fill of the free fill of the free free fill of the free free free free free free free fr	13g. S	AL RESIDENCE (IF NURSING IOME C STATE Tryland		Baltimo		13d INSIDE CITY LIMITS?	130 STREET ADDRESS	LWOODE S	t. 21	217
MARYL	10.	ATHER'S NAME FIRST TNON	WIDOLE	Hamilto		15. MOTHER'S MAIDEN NA RUTH	WIOOTE		Hill	2
M /		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	218-58-		Ruth Jones 1	501 Smallwo	200		
ST., BALTI		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per ED BY: ATE CAUSE (0)	line for (a), (b), one Cardiopul	monar	y arrest			APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
NG PHYSICIAN: The low requires that the death certicated physician. Iter this certificate has been signed by the attending post the burial-transit permit. Then please remove corbants and Mental Hygiene prior to burial, cremation, or removed or them 18 shows ony injury, or other troundric expensive or the place of them the street or them.		Conditions, if ony, which gove rise to immediate couse (a), stating the	(0)_			Carinii; metal		sis		
Uires that the signed by the please in blease in burial, creating, or other	z	underlying couse lost. PART 2 OTHER SIGNIFICANT	CONDITIONS CO		DEATH BUT				IN PART 1:0	
L RECORD In low required box been a permit. The sne prior it is now only injury.	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
I OF VITA ICIAN: The g physicic physicic prior physicic prior physicic phys	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CAIN	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR				
OIVISION Offendin frer this cost he but th and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO		COUNTY	STATE
ATTENDI ospital or ECTOR. A d for use t. of Heoli m 21 is me		22a I certify tho (XI) (this hose sow the deceased alive a above, (I) (we) (did yidda)	_ Decemb	er 4 19 8	16	ember 7, 19, 86 and that in Xiy) (our) opinion	, toDecemb death occurred on the d		d from the o	
by the hy ERAL DIRI e detoche Stote Dep	1	22b. SIGNATURE		elly	D	ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC		1Z	15/80
O HOSP etoined ITO FUNE should be with the Should b		James Ke	11y, D.O			c/o Maryl	land General	l Hospit	al	
BP 13	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Cremat				emetery or crematory w Memorial Pa	rk Baltin	ore	DUNTY May	ryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Bailey Funeral Home 1348 N. Calhoun St. 21217 250. DATE REC'D. BY REGISTRAR 251, REGISTRAR & SIGNATURE DEC 9. 1986

STATE OF MARYLAND

3	REG. NO.	3	4	et a	8	
	NEG. INC.					-

120000	11.	FOR - STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 43	1 1 0 5
028095	EC	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.) 4 4 0 4
		CEASED NAME FIRST	WIDDIE	// EAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR D
ay be death		ANNAM	AE +	HAMMEN	12-2	20-86 5:00 M
moy er d	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
s of		1	(1) HITE	5- 9-1914	72 YRS.	MONTHS DAYS HOURS MIN.
2 12 00			76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF COUNT	Y OF DEATH
1 16-16-		COUNTRY) (1).	1).S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. C	17/ MD.
2 1	10 C	ITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
nt 11 00		BALTO.	3421 RAMON	A AUE. 2/2/3	HOUSEWIFE	INDUSTRY
P P		AL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP COD)F
filled mess		MD. -	VI.	O · YES NO	3421 KAMON,	A AUE 21213
ithin tely 2 sh	14. F.	ATHER'S NAME	WIDDLE TO LAST	15 MOTHER'S MAIDEN N		
comple		CHARLES	FIERCE	MARA	ARET MIDDLE	RESCH
e execu		WAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) 1 IF YES, GIVE	14440 000 0000	JRITY NO. 17 INFORMANT	ADDRESS	
be exect on and of		No	218-22-	6823 VESSE H-1	HAMMEN SA	ME' AS 13e
ysici appendent.		18 CAUSE OF DEATH (Enter onl. PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), one D BY:	d it	0	METWEEN CHISET AND DEATH
g ph conp			E CAUSE (o)	mysecoral	-two	Suddell
# 4 0 0 1			DUE TO, OBAS ACONSEQUE	ENGE OF THE PERSON OF THE PERS		9.
8 1111		Conditions, if ony, which gove rise to immediate	1 16) Heppe	server -	- neir	1/90
3 48 1		couse (o), stoting the	DUE TO, OR AS A CONSEQUE	ENCE OF LOSSIE	to des	- /
9		underlying couse last.	101			
ires an p bur	1,	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
en s	9		and the second s			
low sermit price	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
The I	1 1					res NO
Z X O O T 8	-	210. ACCIDENT WAS UNDERLYING	LICHE A M. MONTH D.		RRED (ENTER NATURE OF PUREY IN ITEM 18	PART I ORPART 2)
SICIA ng ph certif inial-t ental	N N	OR CONTRIBUTING CAUSE OF DEAT		19		
HYS of Bury Bury Bury Bury Bury Bury Bury Bury	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ar offer of Affer the os the alth and marked	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) SIREE!	1 1	31/10
A Por Se o Por Manager A Por M		220.1 certify that (I) (this hospit	ol) attended the deceased from	may 10 197	1, to 12/26/	. 19 6 , that (I) (we) lost
TTEN pitol TOR for u		sow the deceased alive on a	19	, and that in (my) (our) opinion	deoth occurred on the date and ha	our and from the couses stated
has has ept.	-	72h SASMATURE	6	DEGREE		221. DATE SYGNED
0 0 0 0 -		Mr.	De Jour	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/23/86
HOSPITAL ned by the FUNERAL UID be detent to the Store		724 PHYSICIAN'S NAME (1177		22e. ADDRESS	0 × 0 / 0	2
- 0 - 0 - 0		Wm. F-1	Denner	3222	>1 veril s	
0 € 0 € ¥ ₹	23a.	BURIAL, CREMATION, REMOVAL	23t ATE 23c N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	17	SORIAL	12-24-86 F	BALTO- CEM.	BALTO.	COUNTY MAN
	24 E	INERAL DIRECTOR	1	126 0/	AL DECID BY DECICED A DISC DOCUM	TO ADIC CICALATURE

DHMH - 16 50M 4/83

HOFFMANN-SKARDA 3218 HUDSON ST (VRA 15, 4)

UEG 23

REGISTRANSSIGNATURE

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

-/		CEASED NAME FIRST	ROSEMARY C.	c.	HANLEY	20. DATE OF DEATH	MONTH DAY	01	6. HOUR
18	1, SE		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST B		NDER I YEAR IF	FUNDER 24 H
arv	777	emale.	r.m. 4	MON	TO THE TENT		MONTI	HS DAYS H	HOURS M
0		emale	White 75 CITIZEN OF WHAT CO		ober 8, 1910	76 9. BALTIMORE CITY	YRS.	DEATH	
100	b .	COUNTRY		MARRI	D NEVER MARRIED	. BALLIMORE CITY	<u>JR</u> COOKIT OF	DEAIII	
4		aryland	U.S.A.	WIDOW	DIVORCED DO OTHER INSTITUTION	Baltime	ore City	25 KIND OF B	DISTRICT
25/	10.0	III OK TOWN OF DEATH	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	1 A	TYPE OF WORK FOR MOST			302 INE 33
01		altimore	Merc		the l	Retired To	eacher 1	Balto.	Count
37.2	136.5	AL RESIDENCE HE NURSING HOME TATE 13b CC		Y OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
00			Ltimore To	wson	YES NO	622 Woo	odhine Av	ve.	21204
100	11.54	THER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME			
000	1	atrick		anlev	Rose	MIDDLE		Smit	h
3 17	160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS	SIIIT	0
9/	N		GIVE WAR OR DATES)	20 5502	Daniel 1 77-	7 0470			
4	- IN			-38-5582	Dorothy Han	<u>lley - 8418</u>	McAuley		1093
The state of		PART I DEATH WAS CAL	only one couse per line for (a1, (b1, and (c1.)	0.1.0		21	APPROXIMA BETWEEN ONS	
11			IATE CAUSE (a) / Meta	astatic Squ	amons Cell Care	inoma tom 1	re thank	x ye	ars
of the			DUE TO, OR AS A CO	ONEFOUENCE					
動長		Conditions, if any, which		Hypercalcomia					ts
852		gave rise to immediate		1191.0.	Carocoption			0.00	
5 4	1	cause (0), stating the underlying cause last.	DUE TO, OR AS A CO		re Disorder			Week	1
of or o		onderlying coose loss.	(Ic)	Seizu	re Discract			WEE	22
ngary.	NOI	72.1.11	TECONDITIONS CONTRIBUT	TING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVEN I	N PART Ito	
gine prin	THECAT	190. DATE OF OPERATION		R WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF	S USED F DEATH?
1 0/1	CERT	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I	OR PART 2)	
1 4	¥	OR CONTRIBUTING CAUSE OF	DEMINI	NTH DAY YEAR					
11/	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		21f. LOCATION				_
7.2	景	WHILE NOT WHILE	LAT HOME, STREET, FACTOR		STREET	CITY OR TO	DWN	COUNTY	STATE
1 6	10	AT WORK		T/o	1			-	
9 5		220.1 certify that (1) (this ha			1. 19 86	to Dec.	12 19	86, tho	it (I) (we)
5.5		saw the deceased alive	not) view the body after dea	19 <u>86</u> , o	nd that in (aur) apinion	death occurred on the o	late and haur and	from the cau	uses state
T .		226. SIGNATURE	men were me oddy oner ded	200.	DEGREE			22c. DATE SIC	GNED
0 =		11. 11	2010		ALO ATTENDING	MEDICAL STA	FF _	17	1,2/
1 ×		22d. PHYSICIAN'S NAME (TY	SYKA			DIRECTOR PHYSI	CIANLIN	141	14/
25/	10	228. PHYSICIAN'S NAME (TY	'E OR PRINT		22e ADDRESS	1 71	0.1		
# THO		Nevins W	1. Todd 1	MD	301 St. 1	aul Place	Baltim	re. Mi	0 21
13		URIAL, CREMATION, REMOV	AL 23b. DATE	23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION			
		SPECIFY)				CITY OR TOWN		UNTY	STATE
			12-16-86						Mo
50M 7/84	24 FI	urial UNERAL DIRECTOR NAME U.C. TOWSON Fur		ADDRESS 1050	York Rd. 250 DAI	Towson E REC'D. BY REGISTRAN	256. REGISTRAR	alto s-signa	TUR

126859 DEC 1208 STATE REGISTRAR DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	KEOTOTKAK					REG.	NO.		
	CEASED NAME FIRST	WIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
		HELL D.		tunat	H		12	10 86	6:403
3. SE	X	4 RACE	5. DATE (YEAR	6. AGE (IN YEARS LAST)	URTHOAY)	MONTHS DAYS	
	M	B	03	11	06	80	YRS.		
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER N	ARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	N.C	USA	WIDOWE		ORCED	BALI	CI	7	M
10 C	BALT CITY	(IF NOT IN SUCH FACILITY, GIVE		DICAZ	COL	120 USUAL OCCUPA		INDUSTRY	OF BUSINESS OF
13a. S	AL RESIDENCE (IF NURSING HOME O			1 13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS	/ ZIP COI		215
	Hd -	11	more	YES 📉	NO 🗌	2517 1	BON71	HIGHTS	EVA :
14. F/	ATHER'S NAME	MIODLE HOLA	nah	15. MOTHER'S	MAIDEN NAM	ME		Į.	AST
16a \	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMAL		ADD	RESS		Ary
(YES, NO OR UNKNOWN) (IF YES, GI	232-	30-2463A	Helly	Han	rah 6	517	Liber	ty Heigh
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON	SEOUENCE OF		TO THE TERM	INAL DISFASE OR CO	NDITION G	IVEN IN PART 1	lin.
NO	CVA	<u> </u>	<u>0.10 DEMIT</u> 00.	TO TREETIED	70 1112 721011	NAC DISEASE ON CO	10110110	TTE TO THE TENE	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFOI	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES	INGS USED S OF DEATH?	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	21¢ HOW IN.	URY OCCURR	ED (ENTER NATURE OF IN	IURY IN ITEM 18	PART OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY (21f LOCATIO	N	CITY OR	OWN	COUNTY	STATE
	22a I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no	2 %		nd that in (my)	ur) opinion o	todeath accurred on the	dote and ha	ur and from th	, that (I) (we) las e couses stated
	226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE	7		P	ITENDING HYSICIAN		AFF	22c. DAT	IU 86
	HARMAT-	8. ALEX		LIBT		mos e	200	on/Ri	AT, MY
23a. [BURIAL, CREMATION, REMOVAL		23r. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		1	, , , ,
	(SPECIFY) Burial	12/13/86	King Mor	morial Par	ck	Randalls	OWN	COUNTY	Ma

DHMH - 16 60M 7/84

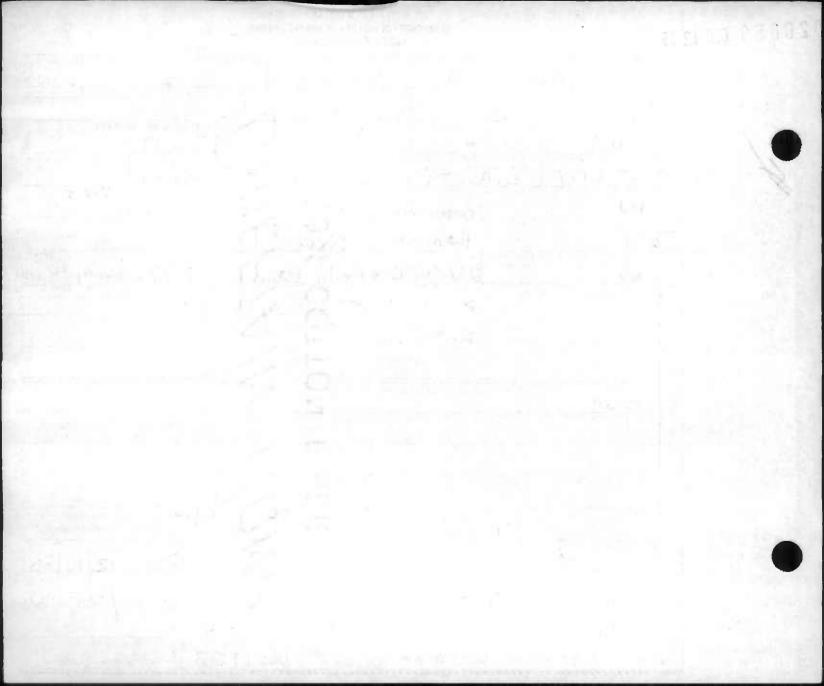
marked ar Item 18 shaws any injury, ar ather traumatic event,

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR March Funeral Home West 4300 Wabash Avenue (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
DEC 1 1 1986 Julia Dividion Reno

Julia Dividson Randale



STATE OF MARYLAND

CERTIFICATE OF DEATH	REG. NO.	0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		0-4
Hanrahan (Alliahan)	20. DATE OF DEATH MON	15/84	YEAR	26. HOU	R
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDE		IF UNDER	-
MONTH DAY - YEAR		MONTHS	DAYS	HOURS 1	MIN

3. 5EX 4. RACE Dec. 1898 Female White . BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Maryland

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!

U.S.A. DIVORCED WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

113d. INSIDE CITY LIMITS?

17 INFORMANT

Baltimore 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

Homemaker

13e.STREET ADDRESS / ZIP CODE

300 Sunflower Drive

ADDRESS

12b. KIND OF BUSINESS OR INDUSTRY at home

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Ba, timore Belair Convalescent Center UAL RESIDENCE (IF NURS) CHOOLINTY CHEST HE STITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Md. Harford Belair

MIDDLE

Kleiderlein

IS MOTHER'S MAIDEN NAME Sophia

MIDDLE Rosenberger

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) no

Lillian

213-18-7393

Edgar G. Ball

202 Wakefield Dr. Belair Md.

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 19 DUE TO, OR AS A CONSEQUENCE D Conditions, if any, which gove rise to immediate

cause (a), stating the cause last.

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

22d. PHYSICIAN'S NAME STOR OFFE

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

CITY OR TOWN

P.M. 21d IN JURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE

211 LOCATION

COUNTY STATE

NO F

IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (1) (fine hospital) attended the deceased from saw the deceased olike on. abave, (Il (we) (did) (did not) view the body after death.

> DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (ow) opinion death accurred an the date and have and from the couses stated

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL

22h SIGNATU

23b DATE

23c NAME OF CEMETERY OR CREMATORY

Holv Redeemer

22e. ADDRESS

23d. LOCATION Baltimore

COUNTY STATE

(SPECIFY) Burial

CI POTATE DECEASED NAME

CITY OR TOWN OF DEATH

MEATHER'S NAME

John

underlying

(TYPE OR PRINT)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. 5305 Harford Rd.

12-19-86

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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millmore Drive			y i	n foli	lecole		1.50
ираумбоврч			nial	rebieDI			avol
oor Valoriald In. Helat	0 .0 m	SELECT SERVICES	T075-81				111
							P PER
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							77
					146		100

3 SEX

10_CIT Ba

30 ST Md 4 FAT

160 W

CERTIFICATION

MEDICAL

prior

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morked or Item

the funeral director d within 72 hours aft

FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 0 3 4 - 6 0
ASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	abeth M.	Hanus	December 24, 1986 6:30A M
Female	Caucasian	5. DATE OF BIRTH MONTH DAY Aug. 28, 1899	8. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS BAYS HOURS MIN.
THPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNTY OF DEATH
ortown of DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) CASANT Avenue	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) homemaker
RESIDENCE (IF NURSING HOME O ATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION) /N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 21224 3821 Mt. Pleasant Ave.
HER'S NAME James	MIDDLE Clar	15 MOTHER'S MAIDEN NA FIRST Sarah	
AS DECEASED EVER IN U.S. AI S, NO OR UNKNOWN) (IF YES, GI			y Goeb, 3821 Mt. Pleasant
PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and	nd (C)	- Vienella Success
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF	MINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC) NOT WHILE

220.1 certify that (1) (this hose tol) attended the deceased from sow the deceased alive on 12/23 19 sow the deceased alive on 1425 above, (1) (was (did not) view the body after death. and that in (my) (aux) opinion death accurred on the date and hour and from the causes stated

27 SIGNATURE DEGREE 22¢ DATE SIGNED

ATTENDING

Joseph R. Liberto, M.D.

Bank Street, Baltimore, Md.

23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION CITY OR TOWN 12/27/86 Burial Oaklawn Cemetery Oaklawn Cemetery Baltimore, Marylar Conkling St 250 DEC 3 0 1986 Maryland 24 FUNERAL DIRECTOR Joseph N. Zannino Funeral Home, 263

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

O FUNERAL DIRECTOR

should be detached with the State Dept.

MPORTANT:

BOOKS TO BENEROUS ADDRESS TRANSPORTE LEL (CLE) / P. STATIST SE

Carlo Southern Committee C

unels. 13/27 Conkitus St. J. Bithmore, Radibea l. 2122 Conkitus St. J.

Joseph W. Lengine Ennedal Fore, 255 plan

STATE OF MARYLAND

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Q	3	100

Taridson Randace

027100 000	1			STATE OF MARYLAND		
027463.DEG	17	Ĵf Ģ R	DEPAI	RTMENT OF HEALTH AND MENTAL HY	GIENE SI 6	7 1 0 /
	11 -	SIAIE	V 2. 7.	CERTIFICATE OF DEATH	OTHER OF O	0 4 4 0 /
		REGISTRAR			REG. NO.	
	1. DEC	EASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
e de		FLORA	MAE	HARDESTER	DECEMBER	11,86 6:00 P.M
2 4 1	3 SEX		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
9 H 5		FEMALE	Whitz	NOV 8 1900	86 YRS	
1 52 Kg	7a BIF	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	, ,
1 新田	50	ISSEX (O. M.J.	USA	WIDOWED DIVORCED	BA	LTIMOR & CITTAD
1/21/1/	S 6	Y OR TOWN OF DEATH	 NAME OF HOSPITAL, NUR (IENOT IN SUCH FACILITY, GIVE, STR 	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
93/2 33	1	altimore	South Ba	Itimore Genera	Clerk	Drug Store
第一日 はまりをファ	130. S	L RESIDENCE (IF NULSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEI	ORE ADMISSION) DWN • 113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE 21001
N 2 1 77		MD Am A		BUTTOIR YES NO NO	9-B Centra	
THE TEST OF THE BETTE	III FA	THER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN N		- 224
A 2 20 /14	1/	George "	Wyan	+ EUA	WIDDIE	Ferman
# 3 -030	25	AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SE		off tel ADDRESS 51	7 Xamlon 18ck
0 1 11 1/2	(Y		WAR OR DATES) 219163	478 Re= m 11/	eller of the	1 1000000000000000000000000000000000000
E 2 52 6	<u> </u>				141 6/01/1811	11/12/MIN 2-1001
A store of the sto		18 CAUSE OF DEATH (Enter only PART !. DEATH WAS CAUSED	DV .		+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The state of the s		IMMEDIATE		marangan	ans	15 ESS
N es proprie			DUE TO, OR AS A CONSEC	NIENCE OF		
STO on.		Conditions, if ony, which	Malta	ile myelon	0	
# 9 0 0 0 0 t	Н	gave rise to immediate	(b)			
3 5 555 5		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF		
101 the seed to			(c)			
DS. 2 puers herry formy	NO.	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing t</u>	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (GIVEN IN PART Tra
8 11917	ΙĔΙ	190 DATE OF OPERATION	TIPL CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
0 0 0 0	IFICAT	THE DATE OF OPERATION	190. CONDITION TOR WITH	CH OFERATION WAS FERFORMED	IN CER	TIFYING CAUSES OF DEATH?
4 48 5582	CERTI				YES NO .	YES NO [
× 2 00 1 1	ŭ	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM)	B Beet 1 OF NYEL IS
p 50 505 5	3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
NO STATE OF THE PERSON OF THE	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
25 G 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	E	NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E. FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
A STATE OF S			15 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12/4 10 86	12 / 11	10 8 6 that (I) Guallast
Z 7 6 5 # 2		22a. Certify that (I) (this haspita		0/	. 10	. Transfer . That (I) we has
F 9 73 9 E	ш	saw the decayed alive an above, (1) Wey did) (did nat)	view the bady after death.	and that in (my) (aur) bpiniar	n death occurred an the date and h	aur and fram the couses stated
# 2 M 2 M 2		22b. SIGNATURE	001	DEGREE		224 DATE SIGNED
7 7845		W	11-02	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/11/86
EA 8 25 4 7	1	224 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS		
HOSPITA FUNER old by d		W. Vaz	anez	South	2 11:	CompalH
TO HOS roined thould be						General H.
	730. 8	URIAL, CREMATION, REMOVAL	23b. DATE	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	1	Suna	PC 15, 1986	ofen HAUM CIM	Colon Burn	K At Mel.
DHMH - 16 60M 7/B4	24 FU	NERAL DIRECTOR	limon		TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	Si	ngleton Funeral	Home Clan Bu	wnio Md	DEC 1 6 1986	· Dividson Pendage
	V+1	-yaccon runeral	TIOME, GIEN DU	LILLE, MG.	000	- Mandall

AND SERVICE TO SERVICE Law Long Town Langer and that Ather several will The state to the second of the second of the state of With the Thirty of the world of the title of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2b_HOUR Hardes 86 4. RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF UNDER 21 HR YEAR Caucas jan 24

7b. CITIZEN OF WHAT COUNTRY? 1574'S DEEDREGA 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWEDXX DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Tea cher STATE 136 COLINAY

gaers town

15. MOTHER'S MAIDEN NAME Mary Edith Doran

13e.STREET ADDRESS / ZIP CODE West Magnola

Charles Edward Bowers, Sr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN)

18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Rose

16b SOCIAL SECURITY NO

rardiones nivas

17 INFORMANT

Mr. Henry Kenneth Bowers 604 Hatherleigh Rd.

IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.

- STATE

THE OFFICE

1:5Ex

On BOHSTRAR

DECEASED NAME

FATHER'S NAME

DUE TO, OR AS A CONSEQUENCE OF

126. KIND OF BUSINESS OR

Wash Co. Edd Educ.

% DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED PMI

20a AUTOPSY? NO 706. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE

22d PHYSICIAN'S NAME LIVE OF PH

22a.1 certify that (1) (this haspital) attended the deceased fram

211 LOCATION

CITY OR TOWN

22b. SIGNATURE

DEGREE

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

22c. DATE SIGNED

JANI

22 South Greene Street, Bultimore MD

23a. BURIAL, CREMATION, REMOVAL Cremation

23b. DATE 12/19/86 23c. NAME OF CEMETERY OR CREMATORY Green Mount Cem.

Baltimore, Md.

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

3

moy be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)[c ¹ f	FOR STATE CRESTRAR	DEPA		EALTH AND MENTAL HY	GIENE 👸 Ó	5 4	4 -	0 7
	I DE	CEASED NAME FIRST	WIDDLE	l.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
7	(TIPE	LUTHE	CR MOORE	HA	RDIN, JR.		12 14	86	M
H	3. SEX	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY) IF UN	DERTYEAR	IF UNDER 24 HRS
, all		MALE	BLACK	12	13 1913	73	YRS.	HS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
		ENNESSEE	U. S. A.	WIDOWE		BALTIMORE	CITY		MD.
>		LTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST	TREET ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST NUCLEAR PH	O. WORKING (III)	4DOSIKI	RNMENT
	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU NRYLAND	OR OTHER INSTITUTION, GIVE RESIDENCE BUILDING STATES OF THE STATES OF TH	NWO	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 6225 WOODC	ZIP CODBAI	TIMOR	E, MD. 21209
200	14. FA	THER'S NAME FIRST LUTHER	M. HARDI	N, SR.	15. MOTHER'S MAIDEN NA FIRST HATTEE	MIDDLE		HC	RN
		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL S	ECURITY NO.	17. INFORMANT MRS.	BAT	TIMORE,	MD. 2	21209
		NO.		-1483-A	HERMIONE R.		5 WOODCR		
i			inly one cause per line for (a), (b)	, and (c).1	1			APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEATH
i		PART I. DEATH WAS CAUSI	ATE CAUSE (0) MELA	state	colon cana	20		2:4	15
	z	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	ainal disease or con	IDITION GIVEN II	N PART Tro	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WE		
1	RTIF					YES NO	YES 🔲		NO 🗌
	MEDICAL CE	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I	ORPARI 2) .	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	21f LOCATION STREET	CITY OR TO) NWC	COUNTY	STATE
		saw the deceased alive or	n November 1		ed that in (my) (aur) opinion	death accurred on the c			hat (1) (we) last auses stated
		226. SIGNATURE	buen		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	220 DATE S	16-86
		22d. PHYSICIAN'S NAME (TY)E	W. ROWINSK	14	22e. ADDRESS 600 No.	Wolfe St	rect	1-16	
		SURIAL, CREMATION, REMOVAL	L 236. DATE 2	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	50	INTY	STATE
	,	CREMATION	12/18/1986	SECURIT	PROCESS INC		BALTIMOR		RYLAND

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DEC 1

DHMH - 16 60M 7/B4 (VRA 15, 4)

'NUTTER ETSONS FUNERAL HOME, INC.

2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

BP.

LUCHUR FUORS BRIDGIN, UN.

A Land Company .A .E .D -7E3 -374

6225 MOGDOREST AVENUE NUCLEAR PRESECTOR GOVERNMENT

TRACYTAN

M. HANDEN, SA. HATTE

SALVINCRE, ND. 21209

239-14-1483-A HERWICKE R. BARDIN 6225 WOODCHEAT AVENUE

CALACTON INVESTMENT TRANSPORT OF THE COLUMN THE CONTROL OF THE CON ANT THE BURNET BOYS INC.

2501 GLYRNS PALLS PRINT, GALGLEGEL, MD. 21216 | UBG 1 7 866 ALL WAS IN

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STATE OF MARYLAND

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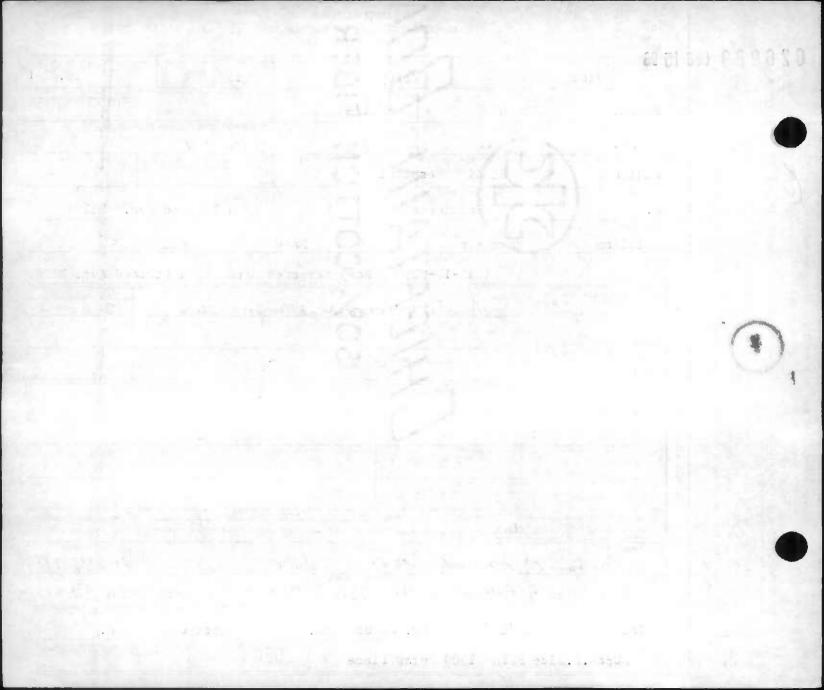
1	FOR - STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	J 41	size y	3 5	
1.0	GEASOD NAME FIRST		MIDDLE	-	LAST			YEAR 26	HOUR	
(TY	PE OR PRINT) Viola			Hardy	У	12/7/86			10.43 P	
3. S	EX	4 RACE	Maria de la Companya	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT			UNDER 24 HRS	
	Female	Black		M31	711/ 0 4	82	YRS.	DAYS	IOURS MIN.	
70 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.		WHAT COUNTRY?	8. MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Baltimore City O		ATH.	MD.	
10 0	Baltimore		HOSPITAL, NURSIN CHFACUITY, GIVE STREET NAT HOS		or other institution $oldsymbol{1}$	170 USUAL OCCUPATION		126 KIND OF BUSINESS OR INDUSTRY		
	UAL RESIDENCE (IF NURSING HOM STATE 136 CC		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 4301 Eth1	ZIP CODE and Ave.	212	07	
14 F	FATHER'S NAME	WIDOLE	ŁAST		15. MOTHER'S MAIDEN NA	WE		LAST		
-	William	Matt	hews		Mary	7 H	a11			
160	WAS DECEASED EVER IN U.S {YES, NO OR UNKNOWN}	ARMED FORCES?	215-18-9		Mary-Margare	ADDRE et Brown 430	1 Ethland			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse pe	r line far (a), (b), on	dici		1 20	a BI	APPROXIMA	TE INTERVAL ET AND DEATH	
	IMME	DUE TO, C	OR AS A CONSEQUE	NCE OF	Virginia -	your cause	1.	LA	7	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost)	DR AS A CONSEQUE	ENCE OF						
NO.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							N IN PART 1 a		
CERTIFICATION	19a DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	DPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH'			
	00.000.000.000.00	FDEATH HOUR A	DE INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR		Y IN ITEM 18 PART 1 OR F			
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY FREET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	vn ćou	YINL	STATE	
	220.1 certify that (1) (this b saw the deceased alive above, (1) (we) (did) (die	an aus	5 198	Jan	nd that in (my) (aux) opinion	death occurred on the do	ite and hour and fr		nt (I) (we) last uses stated	
	226. SIGNATURE	一月升	wwith	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		C. DATE SIC		
	ABRAH	OM B HL	RWITZ,	MD	7501 LIBE	KTY RO. 1	34L7640	KE, M	10,2120	
23a	BURIAL, CREMATION, REMO				CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNT	(Y	STATE	
	Burial	12/12	./86 M	It. Au	uburn Cem.	Westp				
24	FUNERAL DIRECTOR		a a about		25a DA	E REC'D. BY REGISTRAR	256 REGISTRANS	IGNATUR	Indaes	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPOSTANT, if hem 21 is m

Chas.A.Rice FSPA 1300 Eutaw Place DEC 1 1 1900 8



236. DATE

12-30-86

FOR

REGISTRAR

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

DHMH-16 20M

(VRA 15, 4) 7/7B

Burial

FIRST

HELENA

4 RACE

L DECEASED NAME

- STATE

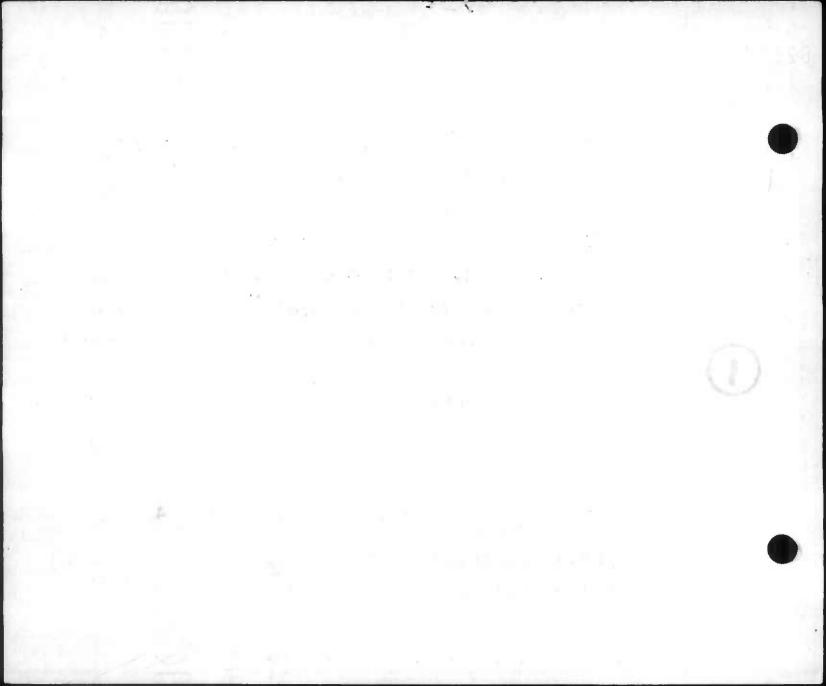
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3 SEX

deoth

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 2a. DATE OF DEATH MONTH DAY 25 HOUR 2:30p 25 86 HARRINGTON 5 DATE OF BIRTH IF UNDER I YEAR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR 80 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) 13e. STREET ADDRESS 2815 BOARMAN AVE MIDDLE ADDRESS 2815 BOARMAN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MM 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES | NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED STAFF QIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore COUNTY STATE Arbutus Memorial Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE C. Brown Comm. F.H. 1206 W. North Ave.



STATE OF MARYLAND

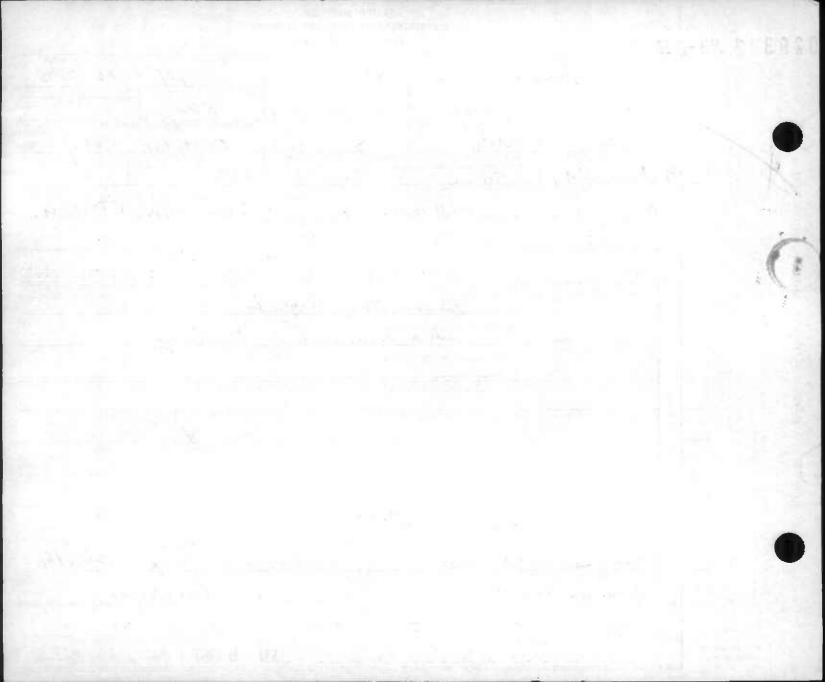
d	87	STATE REGISTRAR		DEF	CERTIF	ICATE OF DEATH	REG. NO.		
1		CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	-
1	TITPE	BRSS	ie	L.	X	larris	12/	30/86 0905 M	
1	3. 5EX		I. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	WUNDER 1 YEAR IF UNDER 24 HRS	,
		ternale	wh	ite	MONTH 3	10 1904	82 YR	MONTHS DAYS HOURS MIN.	
9		RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
7		MARYLAND U.S. WIDOW				Baltimo	re City/ MD.		
7	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NU		OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR	,
4	Ba	Itimore City	Sir	iai.	HOSPI	TAL	HOUSEWIFE	AT HOME	
ć	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT		GIVE RESIDENCE E	SEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	ODE APT.2B #21215	5
7		MD.		0 11	more	YESY NO	6974 Milh	rook Park Dr.	
	14. FA	THER'S NAME	UDDIE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	144	,
)	ISADORE		ZEROFF		LEÑA	WIDDLE	ASCH LAST	
		60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			SECURITY NO.	17. INFORMANT MR	. JAY HARRIS		,
	()	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR O		218-01-6652		9053 MEADOW 1	HEIGHTS RD. RAI	NDALLSTOWN, MD211	L
1		8 CAUSE OF DEATH (Enter only	y ane cause per	line lor (a), (b	, and ici			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
١		PART I. DEATH WAS CAUSED IMMEDIATE		Ren	speril	on ares	1		
				ì					
		Canditions, if ony, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF				cinoma of	tredung		
						0	0		•
١		underlying cause lost.	(10)	N AS A CONSI	LOPOLINCE OF				
1	192	PART 2. OTHER SIGNIFICANT CO	GIVEN IN PART 110	:					
1	o S								
7	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH			HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED	de
	TE						YES NO NO	RTIFYING CAUSES OF DEATH? YES NO	
5	CER	216, ACCIDENT WAS UNDERLYING 216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
71	AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.		DAT TEAR				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	477.07.00	COUNTY STATE	
	M	WHILE NOT WHILE	(AT HOME, STE	EET, FACTORY, OF	FICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE	
		22a.1 certify that (1) (this haspite	al) attended th	e deceosed In	om 121	27 19 86	2 10 12/30		
		saw the deceased olive on_ above, (1) (we) (did) (did not	12/30		601	nd that in (my) (our) opinian d	leath accurred an the date and	haur and from the causes stated	
		22b. SIGNATURE	view the body	arrer gearn.		DEGREE	HOUSE	22c. DATE SIGNED	
		Llenne C	vot	mo		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/30/86	
1		22d. PHYSICIAN'S NAME (TYPE OR PRINT)				22e ADDRESS	J DIRECTOR THISICIANT	1.70-70	
		7	AL . 11			Relyaday	en a Grove	15 a cinc	
		Deniso Co	OK MI			1 1 1 1 1 1 1 1 1 1	DI THE TELL	(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
-	23a. B	URIAL, CREMATION, REMOVAL	236. DATE	T	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	Spring	E
	23a. B	URIAL, CREMATION, REMOVAL BURIAL BURIAL				EMETERY OR CREMATORY CL. MEM. PARK	CITY OR TOWN	BALTO. MD	=
-	(:	BURIAL	23b. DATE DEC.31 EVINSON	,1986	BETH E	EL MEM.PARK		BALTO. MD	

JAN

DHMH - 16 60M 7/84

6010 REISTERSTOWN RD.

(VRA 15, 4)



7070	2.50	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O O 3	4 - 4 3
of the state of th	DEC	I. DE	CENSED NAME FIRST OR PRINT) ETHEL	MIDDLE	HARRIS	12. 13.	26 3. 45 M
age 4 ma rector, po	0.1	3 SE	· H	A. RACE	5. DATE OF BIRTH MONTH DAY YEAR 10	7 6 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Pe	Carlo de la constante de la co		PHPLACE (STATE OR FOREIGN COUNTRY) 7. 04.07	USA -	MARRIED WEVER MARRIED WIDOWED DIVORCED	Bultimore City OR COUNTY	City MD.
urs after d n by the fur	2		ITY OR TOWN OF DEATH BALTO AL RESIDENCE (IF NURSING HOME C	(IF NOT IN SUCH FACILITY, GIVE STREET	17 MED. Cen	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LIF	126, KIND OF BUSINESS OR INDUSTRY
in 24 ho y filled in		130	STATE ATTENDED TO NORTH TO THE STATE OF THE	NTY 131. SITY OR TON	YN 13d. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS / ZIP CODE 727 Druid PK	Lake Dr. Apt 60
ored with	360		Thomas	MIDDLE LAST WILSON	15 MOTHER'S MAIDEN NA FIRST JANE URITY NO. 17 INFORMANT	MIDDLE	Chapman
be exection on dispression on dispression or dispre	ne medicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES) 166 SOCIAL SEC 249-34	1- 7462 Tom H	arris 518	Random Rd.
St., BA ertificate ig physic oanpape	removal.		PART I. DEATH WAS CAUS		ingestive Her	art Frailure	BETWEEN ONSET AND DEATH Admitted
The heath of	other traumatic		Conditions, if any, which gave rise to immediate couse (0), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ASWD	,	12/05/87
equire the sign of Then property	to bu and minuty, or of	NO.		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
he low re ion. hos been	shows ony ii	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES VES NO YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
P P P P P P P P P P P P P P P P P P P	ltem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DI		AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	'ART I OR PART 2)
ING PHYSICAL TO OFFICE THIS CONTRACT THIS CO	th and M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM, ETC 1 211. LOCATION STREET	CHTORTOWN	COUNTY STATE
ATTENDI spital or CTOR: A	of Heal		saw the deceased olive o above, (I) (we) (did) (did n	oital) attended the deceased from, n 19 at we the body after death.		deoth accurred on the date and hou	
TAL OR by the ho RAL DIRE	State Dept		27b. SIGNATURE	Johnsh	DEGREE TENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/13/86
TO HOSPIT elained by TO FUNER should be a	with the Stat		224 PHYSICIAN'S NAME	AKUBA	22e ADDRESS	icerville 1	1 of 21208
BP	, <u>></u>	8	surial, cremation, remova specify Surial	12/17/86 Mt	C		county STATE
DHMH - 16 6 (VRA 15			uneral director m CamMarch F/H 1	West 4300 Waba	sh Ave.	I CEN'D BY 1988 RAR 256 REGIST	RARSISIONATORE

4300 Wabash Ave.

STATE OF MARYLAND

27107 DEE		NED TO THE TOTAL OF THE TOTAL O				EALTH AND W		REG. N		4 -	9 4
may be page 3	1. DE	HARR Y	Sherm	nan	AR S. DATE O	R I S DE BIRTH	,	20. DATE OF DEATH	12	P 86	11:30An IF UNDER 24 HRS
eth, Pays 4		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	30 NEVER M	ARRIED CORCED	71 9 BALTIMORE CITY O Baltim			HOURS MIN.
1	10 C	ITY OR TOWN OF DEATH altimore City AL RESIDENCE (# NURSING HORE	11. NAME OF	HOSPITAL, NURSIN ICH FACRITY, GIVE STREET Samarita	IG HOME (ADDRESS) n Hos	OR OTHER INSTI		120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Machinist	F WORKING LI	FE) INDUSTRY	F BUSINESS OR Steel Co
Tan and and and and and and and and and a	130.	STATE 13b. CO	timore	13c. CITY OR TOW		13d. INSIDE CI' YES 15. MOTHER'S	NO 🔣	5818 Carri			1162
Complete	1	Harry WAS DECEASED EVER IN U.S.	MIDDLE S.	Harris 1166. SOCIAL SECU		F	nnabel	MIDDLE	cc	McCa	11
be ever			GIVE WAR OR DATES)	213-07-	9032			ris 5818 Ca			21162
US, 201 W. PRESIGNATIVE death quive that the attent from please remove to the ferry, or other froutfield lary, or other froutfield.	No	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(b)_ DUE TO, (DR AS A CONSEQUI	NCE OF	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	/EN IN PART 10	2
At RECORD The law record of the law record of the law been if germent. The last grace of the last gra	CERTIFICATION	190 DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY? YES NO	IN CERTIF	S, WERE FINDIN FYING CAUSES	NGS USED OF DEATH? NO
BIVISION OF VITAL CHEMICAL CHILCOLE IN Out the build-fromit of th and Mental Hygier orked or here 18 show	MEDICAL CE	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A	OF INJURY A.M. MONTH D. P.M. E OF INJURY	AY YEAR	21c HOW INJ		RED (ENTER NATURE OF INJUI	RY IN ITEM IB	PART OR PART 2)	
BIVISIO ENDING PH DR. After the The authority Health and it is Health and it is	WE	WHILE NOT WHILE AT WORK A WORK 220. I certify that (I) (thus to saw the deceased alive	(AT HOME, S	reet, Factory, Office, F	0,11	STREET	, 19.86	city OR TO	?	19 86 .	that (I) (we) last
O HOSPITAL OR ATT recorded by the hoteph O PUNERAL DIRECT hould be detected to with the Stote Dept of with Contraction of the Stote Dept of	11/11	obove, (I) (e) (did) (did)	PE OR PRINT)		, 1	DEGREE	TENDING HYSICIAN	MEDICAL STAI	F A	12/ 12/ 3VEA	
BP		BURIAL, CREMATION, REMOV		23c. 1	AME OF C	EMETERY OR C ew Mem.		23d LOCATION CITY OR TOWN	imore	COUNTY Marvl	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	1	UNERAL DIRECTOR ASSALN Fune	el Hom	7401	Bula		250 DATI	1 O 1986	256. REGIST	TRAR'S SIGNAT	URE

HARK Y STEEL HARRIS

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- 12/ + 861/14 BB 11/8 Bb Collie Survey May

TULLIE EMANUELE BALTE THE LITTER BUT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21	FOR STATE F REGISTRAR		DEPARTA		ICATE OF DEATH	IENE 5 O	3	6.4	a a	3	199)
	1. DECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	HTHOM	DAY	YE AR	2b HOU	IR T
	(TYPE OR PRINT) Minn	ie	н.	Н	arris	11	12	22	86	11:	:00 M
	3 SEX	4. RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST B	RTHOAY)	IF UND	RIYEAR	(F UNDER	
	Female	Whit	te	MONT	30 1893	93	YRS.	MONTHS	DAYS	HOURS	MIN.
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN'	TY OF DE	ATH		
d	Maryland	U	SA	WIDOWI		Balt	imore	City	7		MD.
0	Baltimore	3658 K	Swick Ro	ad 2	DR OTHER INSTITUTION 1211	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Retired	OF WORKING		KIND O OUSTRY	F BUSINE	SS OR
	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136 COU		GIVE RESIDENCE BEFORE 134 CITY OR TOW Baltimo:	N	13d. INSIDE CITY LIMITS? YES X NO []	13e.STREET ADDRESS 3658 Kest			21	211	9
1	14. FATHER'S NAME (unknown)	MIDDLE	Arndt		15. MOTHER'S MAIDEN NAM	ME MIDDLE (unkn	Own I		LAS	and the second	
	160 WAS DECEASED EVER IN U.S. AF	MED FORCES?	16b SOCIAL SECU		17 INFORMANT	ADDI		_			
	(15 YES, GI	VE WAR OR DATES)	218-48-4	653	Myrtle Brown	3658 Kesw	ick R	oad	2121	1	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF							
	PART 2 OTHER SIGNIFICANT	conditions <u>co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	UDITION G	NI MANI	PART 110	ş ·	
1	190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT			OF DEAT	H?
)	OR COLUMNIA CALLER OF DE	HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR				PART 2)	NO L	
	CITE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR T	OWN	co	UNIY	S	TATE
	22a.1 certify that (1) this hasp the deceased alive or above. (1) (we) (did (did no 22b. 3 CONATURE	1211	9186 120		, 19 , 19 , 19 , 19 , 19 , 19 , 19 , 19		AFF				
	PROPHYSICIAN'S NAME CLYPE OF LAND L.	DIAM	and M.	D.	270 ADDRESS 3547 Ch (stryt Au	Be	UN	m	12	211
	23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUN	TV		TATE
	Burial	12/24/	/86 Lo	rrain	e Park Cem.	Baltim	oro	COOK			

TO FUNERAL DIRECTOR:

IMPORTANT: If Hem 21 should be detached to with the State Dept. of

DHMH - 16 60M 7/84 (VRA 15, 4)

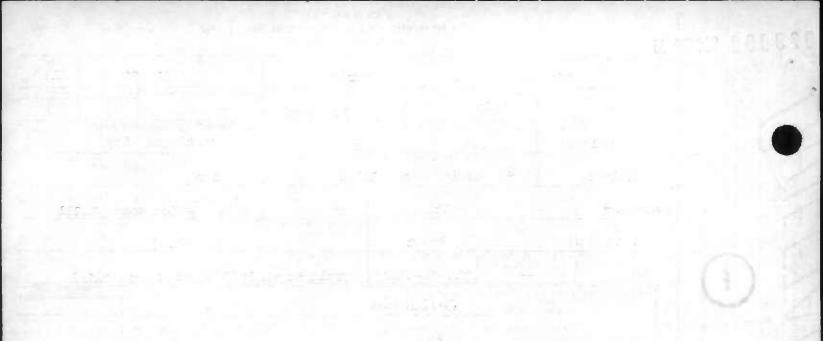
24 FUNERAL DIRECTOR A. Alan Seitz, Jr. 3615-19 Chestnut Ave

Lorraine Park Cem.

Baltimore

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

dia Scordin Rudace



	1 -	FOR STATE REGISTRAR			DEPARTN	NENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG		3 . NO.	4 -	7	0
FI		CEASED NAME	FIRST		MIDDLE	i.	AST		20. DATE OF DEATH	HINOM	DAY YEAR	26 HOL	
6	6.0	<i>P"0'0''</i>	KATHE	RINE	В.	HA	RRISC	N	Decembe	r 18,	1986	5	D M
	3 SEX	X		4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	HOURS	R 2 HRS
-		Female	9	Whi	te	June	4 -	1889	97	YRS.	MOINTIS DATA	1100KS	I III.
1		RTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	□ NEVER	MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH		
2		laryland		U.	S.A.	WIDOWE		NORCED	Baltimor	e City			MD.
-	10. CI	ITY OR TOWN O	FDEATH		HOSPITAL, NURSIN		R OTHER INS	MOITUTIT	12a. USUAL OCCUP		12b. KIND C	F BUSIN	ESS OR
-		Baltimo		1000 F	Poplar H	ill R	oad		Homema			n H	ome
	13a S	AL RESIDENCE (13b COU		13c. CITY OR TOWN		13d INSIDE	NO [130 STREET ADDRES	ss/zipcobe		.212	210
)		Thomas	Bar	MIDDLE	Jones		15. MOTHER Mar	S MAIDEN NAM	ME MIDDL		ushanê	ST.	
	()	VAS DECEASED YES, NO OR UNKNOW		RMED FORCES? VE WAR OR DATES!	215-01-		17. INFORM Mari		Oliver	Bethes	sda Mo	d.	
		18. CAUSE OF I PART 1. DE A	TH WAS CAUSE	nly one couse per ED BY: TE CAUSE (o)	line for (a), (%) and	ent	100	leire	,		BETWEEN	MATE INTE	RVAL DEATH
		Conditions, if		DUE TO, O	R AS A CONSEQUE	000	rusa	elan	acado	ent	3 h	the	
		couse (a), underlying	stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF							
	NOI	PART 2. OTHER	SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATE	O TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART 1	0 '	
2	TIFICATION	19a. DATE OF O	PERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERF	DRMED	200 AUTOPSY? YES NO NO	IN CERTIF	S, WERE FINDIE YING CAUSES S		TH?

1 CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	(ENTER NATURE	OF INJURY IN	NITEM 18 PART I OR PART 2)	140
EDICA	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY	y OR TOWN	COUNTY	STATE
>	MARIE D MOLINIUM D	[ATTIONE, STREET, FACTORS, OFFICE, FARM, ETC.]					

and that in (my) (appropriate death occurred on the date and hour and from the causes stated

22e. ADDRESS

DEGREE 220 DATESIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

2 W. University Pkwy., Balto., MD

Dr. William F. Fritz, MD 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION
CITY OF TOWN
Balto., 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY

Cremation Green Mount 12-19-86 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. Road Balto., MD 21212 4905 York Road

MD

DHMH - 16 60M 7/84 (VRA 15, 4)

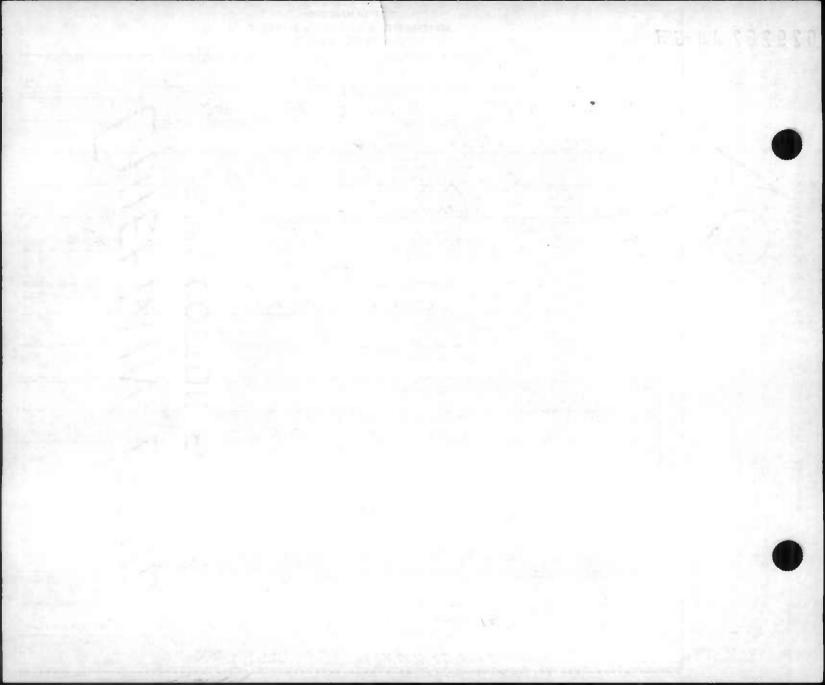
BP.

TO FUNERAL DIRECTOR: A shauld be detached for use with the State Dept. of Heal IMPORTANT: If Hem 21 is

marked or Item 18 sha

Tel Set and stable settled settled Martin J. F. J. J. F. J. Saltin one Old The one 1000 Footser Hitl Road Homensean I Swit Fore Bitter. 3 The Mark Control of the Mill Rd 23 To entitle C notable stands contain the 215-01-9009- Varion M. Ottver Battanda Md. Magne Halana Thin and a secondary such such ME 12 84 FT 11 84 Dec. 18 84 WELDER 3 DAT MO THE STATE OF MOUNT G. William F. Frie, Will EV. Univareib Fev. p Esta., Mil Ceremon 14 to Communication

(VRA 15, 4)



	1				STATE	E OF MARYLAND		
02775	1	FOR STATE FREGISTRARS		DEPARTA		EALTH AND MENTAL HYG		3 4 -, 7 0
		CEASED NAME	FIRST	WIDDLE	l.	AST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
# 6 4 6 4 6 4 6 4		E OR PRINT)	Thomas	Mitchell	HA	olsee, Sr.	1 12	12 86 9" AM
E E	1.58			RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
de d	1	M		W	q	3 (1)		RS. BAYS HOURS MIN.
E BE 14	-	SIRTHPLACE (STATE OR COUNTRY)	FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
8 6		ryland	ATH 18	USA. NAME OF HOSPITAL, NURSIN	WIDOWE		130 USUAL OCCUPATION	C74 MD.
	1	BALTIMURE	CUTH	BUTINOSE VA	ADDRESS!		(TYPE OF WORK FOR MOST OF WORKING Carpenter	
of Part Por	130.	STATE	Carr	C-3	N	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP C	
1 110		ATHER'S NAME		DDLE LAST_	10	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
2 65/64	71/	W.		oy Hauls		Virgie		Hutton
one one	160.	WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes	(IF YES GIVE V	ED FORCES? 166 SOCIAL SECU NAR OR DATES) 227-03		Neta T. Ha	ulsee, Same	25 # 13
9 9 9	-	T		ane cause per line for (a), (b), and		ne va z. na	albee, bane	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physophys open		PART I. DEATH W	AS CAUSED	BY:		Arress		BETWEEN ONSET AND DEATH
4 p 0 p			IMMEDIATE	DUE TO, OR AS A CONSEQUE		1		
8 1 1		Canditions, if any		(b) Massive	~	40-Lazeral M	Lyucardial Infor	200
1 110		cause (a), statu	ng the	DUE TO, OR AS A CONSEQUE	10		0	
4 Page 1	1			ONDITIONS CONTRIBUTING TO D		NOT PELATED TO THE TERM	INAL DISEASE OF CONDITION	I CIVEN IN PART 1:0
agus An Then Then To b	8	T AKT 2 OTTEK STOR	VIII ICAIVI CO	NOMOTO CONTRIBUTION TO L	ZCAIII DOT	NOT KELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART III
10 0 A	CERTIFICATION	190 DATE OF OPERA	TION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
The con	T E	12/10/26		A . MODINGING!	Ti	Honeryon	YES NO	YES NO
A diffe the	W	210. ACCIDENT WAS UN		216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR	71c. HOW INSURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART ?)
Merid Merid	MEDICAL	(IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR		P.M. 21e. PLACE OF INJURY	19	211. LOCATION		
The state of the s	A	NOT WE	HILE	(AT HOME STREET, FACTORY, OFFICE, F	ARM ETC]	STREET	CITY OR TOWN	COUNTY STATE
ADIN Or AH one or earth		22a. I certify that (1)	(this hospito	l) ottended the deceased fram_	12-11	19 86	12~12	, 19 2L , that (I) (we) last
ATTE Spiritor Spirito		above, (I) (we) (ed alive an did) (did not)	12 ~ 12 19	26, or	nd that in (my) (aur) apinion o	death occurred on the date and	hour and from the causes stated
Dige her	1	226. SIGNATURE	00 1	1 1		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
BAL BAL	H	22d. PHYSICIAN'S N.	la l	Colin MM		PHYSICIAN [DIRECTOR PHYSICIAN	12-12-8L
MPORTURE STATE		Allen	CI	my MD		3900 Loch	Reven Blue	l Bila My
-: 1	23a.	BURIAL, CREMATION,	REMOVAL			EMETERY OR CREADING	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	24.5	Burial UNERAL DIRECTOR		12-15-1986La	kevi			Carroll. Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)			. Bur	rier, Jr., Syk	00	130. DAI	E REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
(VIA 13, 4)	L	THE TOP II	. 201	TTOT OT . , DYK	esvi.	TTE, MO. TEL	1-1-150 4-1-1	

STREET. Telmon - tronglator - 22.41

The Company of the Continue of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1,	DEGISTRAR		CERTIFICATE OF	DEATH	REG. NO).		
	TYPE OR PRINT	WIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR
1	HORACE	G 1	HAWES		/	2/5	186	9:20 AM
3.	MALE	Carcasian	DATE OF BIRTH	1 YEAR 6	AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70	O. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)	b. CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVE	_ 9	BALTIMORE CITY OF	R COUNTY O	FDEATH	, MD.
1	BALTIMORE!	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD ONIVERSITY OF 1			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)		OF BUSINESS OR
3	IS LIAL RESIDENCE (IF NURSING FOME OR O STATE Maryland FATHER'S NAME		CHAY YES YES	CITY LIMITS?		ZIP CODE	Road	21043
1	FIRST MI	S. HAWES	IS. MOTHE	LOISE	WIDDLE		CART	TER
16		NED FORCES? 166 SOCIAL SECURIT			AWES E		TCITY	ND 2104
		DUE TO, OR AS A CONSEQUENT (b) A M yo Trop DUE TO, OR AS A CONSEQUENT (c) CONTRIBUTING TO DE.	CE OF	eval Scl		DITION GIVEN	IN PART 11c	0
-	9a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OI	PERATION WAS PER	FORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
		21b. TIME OF INJURY HOUR A.M., MONTH DAY P.M.	YEAR 19		D (ENTER NATURE OF INJUR	FIN ITEM 18 PART	I OR PART 2)	
1	OR CONTRIBUTING CAUSE OF BEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARA		EET	CITY OR TOV	٧N	COUNTY	STATE
	saw the deceased alive on abave (D(we)(did)(did not)	ol) ottended the deceosed from 1980 yiew the body after death.	Movember 2	y) our) apinion de	, ta PRENSE? eath occurred an the do			tho (1) (we) last causes stated
	226. SIGNATION. Wha	249.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF		12/5	SIGNED
1	22d PHYSICIAN'S NAME (TYPE OR F	PRINT) HAZAN	22e ADDR	ess oz west	tern Run Pr	1e 8		21700

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/B4 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL

23b. DATE 8 DEC 86 23c. NAME OF CEMETERY OR CREMATORY GOOD SHEPHERD CEM.

23d LOCATION ELLICITLITY

230 BURIAL,
SPECIFY

ALLIRIAL

24 FUNERAL DIRECTOR

NAME

NAME

PU SLACK PUNERAL HOME

ADDRESS BOX 263 250. D BLIZOTTEN MD ENYS

250. DATE REC'D. BY REGISTRAR 256. SEGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REG. N	١٥.			
	20. DATE OF DEATH	MONTH 12	DAY /3	YEAR 86	2
Ų					4

			REG. NO.	
1. DECEASED NAME FIRST (1YPE OR PRINT) BLANC	CHE MARY	HAWKINS	20. DATE OF DEATH MONTH	13 86 25. HOUR
3. SEX FEMALE	BLACK	5. DATE OF BIRTH MONTH DAY OT 01 1910	6 AGE (IN YEARS LAST BIRTHDAY) 76 YR	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED !	9. BALTIMORE CITY OR COUR	NTY OF DEATH
10. CITY OR TOWN OF DEATH Balf More	(IF NOT IN SUCH FACILITY, GIVE STREET STNAT HOS	1.tel	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN DIETARY AID	ESCHOOL
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 136 COU MARY LAND		ORE YES NO [916 N. FRANKE	GRE, MD. 21216 LINTOWN ROAD
14 FATHER'S NAME FIRST SIMMS	FENWICE FENWICE		1E MIDDLE	EDWARDS
160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (1F YES, GI		9204 CATHERINE	S. BALTYMORE. M. PINKNEY 9	
PART I. DEATH WAS CAUSI	nly one couse per line for (o), (b), on ED BY: TE CAUSE (o)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOUR (b) DUE TO, OR AS A CONSEOUR (c)			

leculo, avena OM HHO 6/mlne11 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY

216. TIME OF INJURY

21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR P.M

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

21f LOCATION

YES [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

12/13

ATTENDING

PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED

22e ADDRESS

IMPORTANT. 230 BURIAL, CREMATION,

23d LOCATION

+ SONS FUNERAL HOME, INC. 2501 GWYNNS FALLS PKWY, BALTIMORE, MO, 21216 (VRA 15, 4)

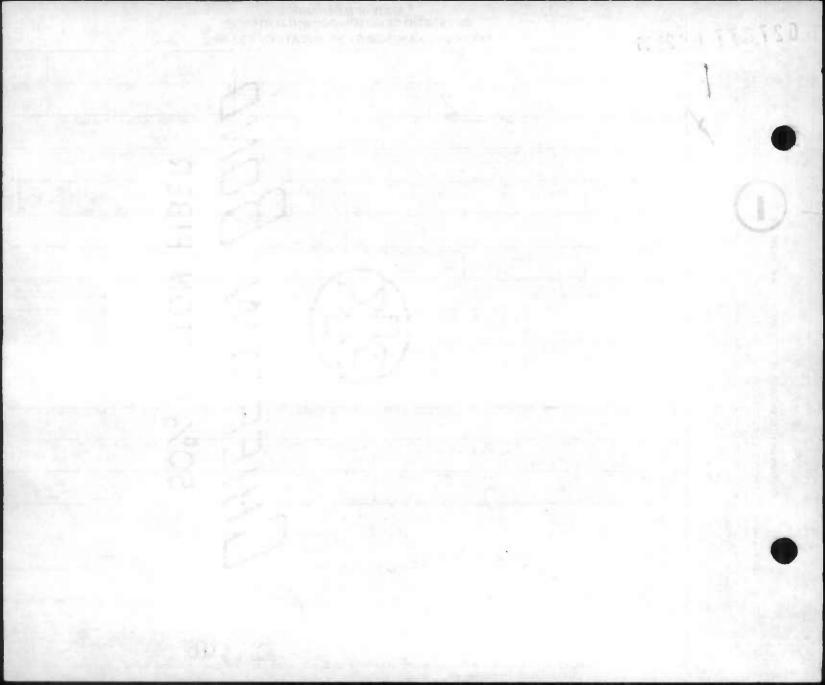
Julia Divider Pandare

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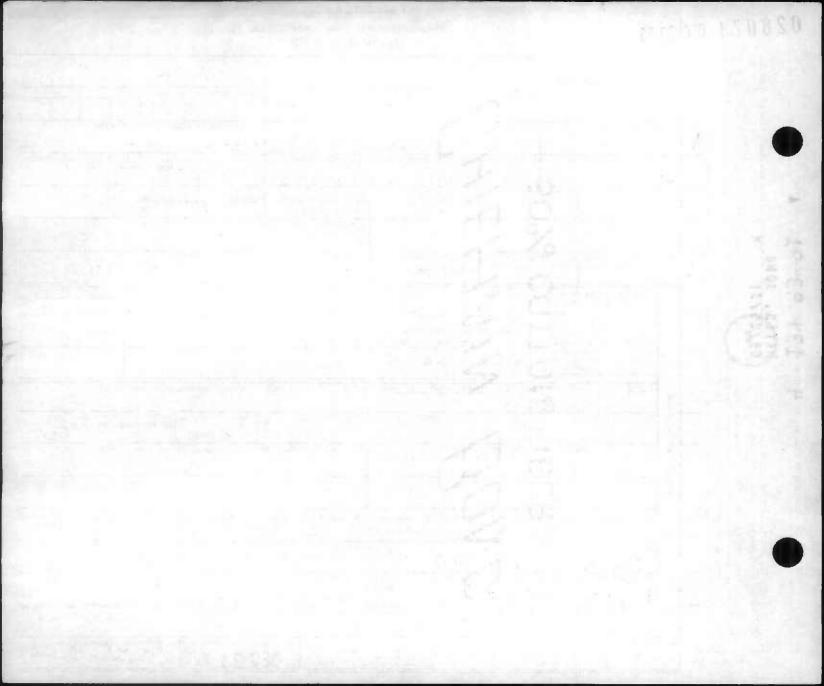


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CEKIII	ICAIE OF DEATH	REG. N	10.		
		CEASED NAME FIRST	WIDOLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TYPE	JOHN		TT 78. 1	VEC		17	1000	P
Н	2.55		4. RACE		YES	DECEMBER 6. AGE (IN YEARS LAST BI		1986	IF UNDER 24 HRS
	3. SEX			5. DATE C	# 25 31°		THUAT	MONTHS DAYS	HOURS MIN.
		M	В	8	25 31	55	YRS		
	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY?	D X NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	TY OF DEATH	
4		SC SC	USA	WIDOWE			E CT	TΥ	MD.
40	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	12e. USUAL OCCUPAT	ION	12b. KIND (OF BUSINESS OR
5	RA	ALTIMORE	THE JOHNS		C HOCDIEST	MAINTENA	V. CEKING	LIFE) INDUSTRY	
- 4	USU	AL RESIDENCE (IF NURSING HOME O			S HOSPITAL	1	•	-	7 4 1
In,	13a. S	MD 136 COU	NTY 13c. CITY	BALTO.	13d. INSIDE CITY LIMITS YES 🖆 NO 🗌	? 13 STREET ADDRESS 2 6 HERRI	her en	DE ON / O	401
	14. FA	ATHER'S NAME FIRST	MIDDLE UNK	LAST	15. MOTHER'S MAIDEN	UNK UNK		LA	ST
	1		UNK			UNK			
9		VAS DECEASED EVER IN U.S. AF	VE WAR OR GATEGY	IAL SECURITY NO.	17. INFORMANT	ADDR			
1		YES, DO OR UNKNOWN) I IF YES, GI	2384	47219	KEITH HAYES	3 1700 MONTPE	LIER	ST. 212	18
		18 CAUSE OF DEATH (Enter o	nly one couse per line for (a	i), (b), and (c).				BETWEEN	ONSET AND DEATH
	200	PART I. DEATH WAS CAUSI	TE CAUSE (a) Cara	1,000 mo	now Acrest				minutes
		MMEDIA							
		Conditions, if any, which	DUE TO, OR AS A CO	0	O CONTER			130	975
		gave rise to immediate	(p) 111 c	7.0 04	Darrage				10
		cause (a), stating the underlying couse! last.	DUE TO, OR AS A CO	INSEQUENCE OF				100	
	-0		(c)	-					
	z	PART 2 OTHER SIGNIFICANT	- 4	ING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITIONG	IVEN IN PART 1	a,
_	OE.	190 DATE OF OPERATION	18.000 FOR	NAME OF THE	ALL LANGE OF THE COLUMN	Inn AUTORSY2	Ant IF V	ES WERE EN IN	100 100
	CERTIFICATION	190 DATE OF OPENATION	196 CONDITION FOR	WHICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND! TRYING CAUSES	S OF DEATH?
	RT					YES NO		res 🗌	NO D
2		218 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	216 HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART I OR PART 2)	
-	SAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	AIR	19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	Diaght.	COUNTY	STATE
	Z	WHILE NOT WHILE AT WORK	JAT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	ZIMEEL	CITORIC	14414	CODIATI	STATE
		22a I certify that (1) (this hasp	ital) attended the decease	d from Decen	Nec 14 19 8	76 to Decembe	17	10 86	that (I) (we) last
		saw the deceased alive or	December 1	2 19 86 01		ion death occurred on the d			
		abave, (1) (we) (did) (did no	at) view the bady ofter deat	h.	DEGREE				SIGNED
		Profil	-41 m	0	ATTENDING			17/	1.0120
_		THE PHYSICIAN'S NAME (TYPE	moral, III.	J.	PHYSICIAN			19	11100
		THE THING NAME (TYPE	b 1 4 A		22e ADDRESS To	wor 110; Joh		prins H	Ospital
		roge bune	13ra), (1.U.		Baltimor	e, MD 2120	5		
	23a. B	BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATOR	RY 23d LOCATION		COUNTY	STATE
		BURTAT.	12-22.86	GARRISOI	N FOREST	OTITION	MILLS		MD
		JNERAL DIRECTOR	•			DATE REC'D. BY REGISTRAR	25b. REGIE	TRAR'S SIGNA	TURE
		MARCH FUNERAL	HOME 1101 E	DORTH AV	VE.	DEC 2 1 1986	A.A.	Devider	. Randallo
		Carmana ,	TIVE DI	· MOTITIE H	A TT 4	DE 0 4 1 1300	. 1	4-	

DHMH - 16 60M 7/84 (VRA 15, 4)



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	÷ s
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.
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	1			STATE OF MARYLAND		
	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE BO	34300
205 000		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
JUJ ULL	II DE	SEASED NAME FIRSM 2	rgaret MIDDLE A	Hayes	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
9 m £	JEYP				10/11	154 30
by be 3 deoth deoth		Marg		Hayes	12/11	186 10 PM
on d	3. SE		4. RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
4 000		Female	White	MONTH 23 1897	89	MONTHS DATS HOURS MIN.
eoth. Pag	7o. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Md	75. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED NORCED DIVORCED	9. BALTIMORE CITY OR COUNT Baltimore Ci	TY OF DEATH
s ofter d	10. €	Baltimore	11. NAME OF HOSPITAL, NURSIN (JENOT IN SUCH FACILITY, GIVE STREET Marcy Hospita.	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TWO OF WORKING ACCOUNTAIN	126 KIND OF BUSINESS OR INDUSTRY INSURANCE
4 hour	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE Md 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 134. CITY OR TOW Balto	/N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	PET TENESTES
S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Daico	1129 1100		
2 s 2 s	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		n 1 a C 7
o de la		Jesse	W Haves	Ann	W	lurtzer
5 0- 5	160 \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
Poge:		YES, NO OR UNKNOWN) IF YES, G	IVE WAR OR DATES) 215 10		rennan 3900 N. C	harles St.
S.P.		no	213 10	ool) Suzaime K B	Tellian 3300 H. C	
sici per per t, th		18 CAUSE OF DEATH (Enter o	nly one cause per line for (o), (b), on	d (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph)		PART I. DEATH WAS CAUS	ED BY: (TE CAUSE (a) DIESUM	ed sepsis		24 hrs.
ren de la cert		IMMEDIA	TE CHOSE (O)			
n, o			DUE TO, OR AS A CONSEQU	1		24-48 his
de otte		Conditions, if any, which gove rise to immediate	(b) aspua	tin phelimonia		21-18 WS
the rea		couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		- 4
by by by oth		underlying cause last.	(comento	se state due to	beaustern induce	+ 7 days
ned plec uriol		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(g
sig hear ho b io b	Z	la la s	1.0 1 1.	1- 0 0 0	. 1.	1
×	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	Las remorbage	EE, WERE INDINGS USED
wol s b	2	1 1	148 CONDITION FOR WHICH	OPERATION WAS PERFORMED		TIFYING CAUSES OF DEATH?
on ion	- E	12/3/86	removal of cerel	bellar blood clot	YES NO	YES NO
rosicion processis process	18	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
A Table	1	OR CONTRIBUTING CAUSE OF DE		AY YEAR		
ing ing	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
this this dor	NE NE		(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) STREET	CITY OR TOWN	COUNTY
te of house	-	AT WORK AT WORK				
A A A A A A A A A A A A A A A A A A A		22a.1 certify that (1) (this hasp	oital) attended the deceased fram_	, 19	, 10	, 19, that (I) (we) last
TEN TOR ITEL		saw the deceased olive a	n19	, and that in (my) (our) apinian	death accurred an the date and he	aur and fram the causes stated
EC FC		22b. SIGNATURE	ot) view the bady after death.	DEGREE		22c, DATE SIGNED
OR DEP		A A A	2 2 1 1	ATTENDING	MEDICAL _ STAFF	M. DAIL SIGNED
		Yhellon 1	Seine Mys		DIRECTOR PHYSICIAN	12/11/86
- 0 0		22d. PHYSICIAN'S NAME ITYPE	OR PRINT)	22e ADDRESS		
Data Series		melba	Beine MD	Mercy H	Eito Robin	one Md
TO HOSP TO FUNE should be with the S	22.				123d. LOCATION	PICK / PIC
	230	BURIAL, CREMATION, REMOVA SPECIFY Burial		NAME OF CEMETERY OR CREMATORY		COUNTY Md STATE
BP		DULLAI	12/13/1700	ew Cathedral Cemet	legy baitimore	rid
DHMH - 16 60M 7/84		UNERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
(VRA 15, 4)	1	Mitchell-Wiedef	feld Home 6500 Yo	rk Rd.	EC 15 1986 Auto	in Disiden Randall
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and the latter of the		==6	
2022		2016	EREP
Contract of the second	0.000		

 d & should be filed within 72 days offer death

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and of should be detached for use as the burial-transit permit. Then please, emove capba papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation-of removal.

BP

DHMH - 16 60M 7/8 (VRA 15, 4)

may be

1.	FOR STATE REGISTRAR	DI	EPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		5 4 5 .NO.	U .
	CEASED NAME FIRST	WIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR	26 HOUR
A PL	San	dra	Haves		12-7-86	2047
3. SE:		14 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST		IF UNDER 24 H
3. 52.	T- 1-	1 1 -	MONTH DAY	YEAR	MONTHS DAYS	HOURS M
7. 01	remale	76 CITIZEN OF WHAT COL		42 43	YRS.	
/a. 81	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CHIZEN OF WHAT COL	MARRIED NEVER MAR	RIED . BALTIMORE CIT	OR COUNTY OF DEATH	
	Maryland	TOTAL COLO		RCED & DOUT!	more City	
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITU		ATION 12b KIND O	F BUSINESS
1	Baltimare	South Bal	H more (seneral H	1050:		
		OR OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)		0 : 0	any
	lary and 136 COL		AHIMORE YES NO	1000	Shellbanks	Rd.
	ATHER'S NAME		15. MOTHER'S MA			
	Russell	MIDDLE	muille III	rainia	Paulel	1
160 V	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCI	AL SECURITY NO. 17. INFORMANT	ADI	DRESS	4
0	YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	425942 Cha	4_		
	NO	IOLIA			ASSIGNATION	MAYE INITERVAL
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line far (a). ED BY:	, (b), and (c)./		BETWEEN	MATE INTERVAL INSET AND DEAT
		ATE CAUSE (0)OI 10	teval Pneumo	VICE		
		DUE TO, OR AS A COM	NSEQUENCE OF			
	Conditions, if any, which	(16) Sep	SiS			
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A COM	NSEQUENCE OF			
	underlying couse lost.	((c) HVE	Noisnaton			
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 110	,
S	Hair Call	Leonloumin	Countin-Pulse	Manage Arro	40	
CERTIFICATION	190 DATE OF OP RATION	196 CONDITION FOR	HICH OPERATION WAS PERFORM	ED 200 AUTOPSY?	206. IF YES, WERE FINDIN	
표				YES NO	IN CERTIFYING CAUSES	OF DEATH?
ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJUR	Y OCCURRED (ENTER NATURE OF II		110
	OR CONTRIBUTING CAUSE OF D		TH DAY YEAR	, continue (continue or o		
SC	(IF EITHER NOTIFY MEDICAL EXAMIN		19 211 LOCATION			
MEDICAL	The state of the s	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		CITY OF	R TOWN COUNTY	STATE
	AT WORK NOT WHILE	1/1/1				
	220.1 certify that (I) (this has	ingly compared the decisions	101/	9 86 , to		hot (1) (we) l
	saw the deceased offered obove, (I) (we) (defended)	valve the look ofter death	, and that in (my) (ou	r) opinion death accurred on the	e date and hour and from the	auses stated
	22b. SIGNATURÉ	1// //	DEGREE		22c. DATE	SIGNED
	NIN.	Son /h X		NDING MEDICAL S	TAFF SICIANIZI	1-87-
	22d. PHYSICIAN'S NAME THE	July 1	22e ADDRESS	SICIAIA DIRECTOR TITI	SICIAIN	00
	n. 112	A Jack	long and loub	c llanguage	Ctinent	
	TON HIGKMAS	- 1-00 ason	MUNICIPAL DOOL	S. Hanover	211661	
	BURIAL, CREMATION, REMOVA		231 NAME OF CEMETERY OR CRE	MATORY 234 LOCATION	, coom	STATE
	10	12/12/8	6 Ceda Gill	4 South	Ve or	
24 FL	UNERAL DIRECTOR			250 DATE REC'D. BY REGISTR	AR 356. REGISTRAR'S SIGNATI	JRE
I X	Bank - 80	un 2	222W north w	JEC 4 9 1006	1 3 N.	Jugo.

STATE OF MARYLAND

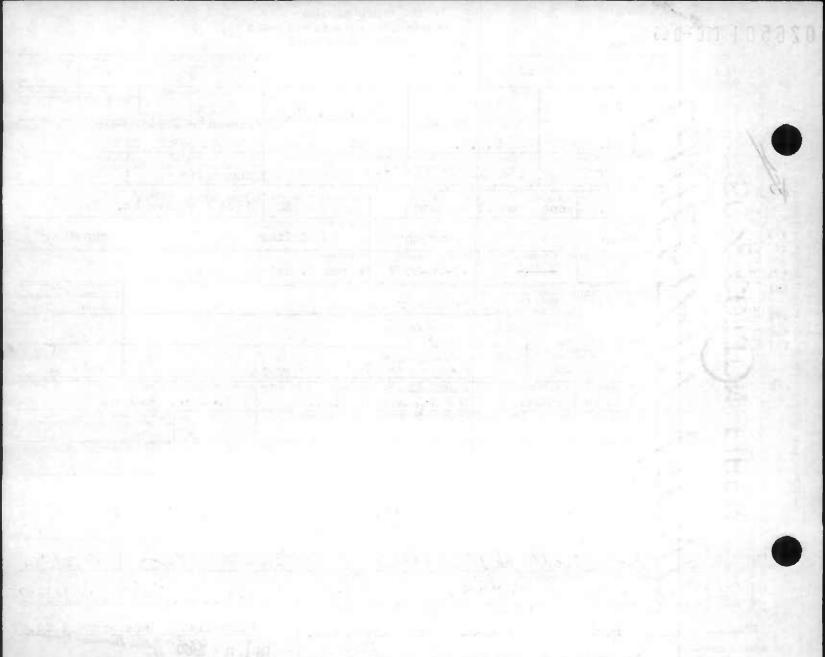
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220 JAN		REGISTRAR		MED	ICAL EXAMIN	NER'S CEI	RTIFICATE O	F DEATH	REG. NO	D		
		CEASED NAME PE OR PRINT)	FIRST		MIDDLE	LAS	٢	2a DA	E KNOWN	MONTH	DAY YEAR	2b. HOUR
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0	3. SE	4. RA	CE 5	DATE OF BIRTH	6. AGE (INY	EARS IF UNDE		24 HRS. 2c D	TE	MONTH	DAY YEAR	2d HOUR
		F	W	Feb. 13,	1900 86		DAYS HOURS	MIN PRONC	UNCED AD	12	25 19 86	1:22
7		IRTHPLACE (STATE OF	7	b. CITIZEN OF WHA		Ta .		9. BAL	IMORE CITY C) I EM
1	FC	Denmark	31-11	USA			NEVER MARRI	ED L	-	_		
+	_	ITY OR TOWN OF DE		NAME OF HOSP	ITAL, NURSING HOM	WIDOWED		1	ltimore		N KIND OF B	MD
				(IF NOT IN SUCH FACE	LITY GIVE STREET ADDRESS)				vorking uff) ve Sec.		OR INDUST	TRY
_	100	Baltimor		1306 E.	Belvedere RESIDENCE BEFORE ADMISS	Ave.	21239	Executi	ve sec.			•
£		TATE	13b. COUNTY		13c_CITY_OR_TOWN	136	L INSIDE CITY LIMITS?	13e. STREET AD	RESS	Apt		
1		Md.			Baltimor	e	YES XX NO	1306	E. Belv	redere	Ave.	21239
-	14. F.	ATHER'S NAME		MIDDLE	LAST	15	MOTHER'S MAIDE	NNAME	MIDDLE		LAST	
		Will	iam H	lilden	that		A	nna Chri	stenser	1	LAG!	
		WAS DECEASED EVE			16b. SOCIAL SECURI	TY NO. 17.	INFORMANT		ADDRESS	550B	uach	d.
		No No. OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	164 10 86	43 A N	Mr. Arne	Heede	Vero Be			
	H	18 CAUSE OF DEA	TH /Enter only	ana saura nas lina f							APPROXIMA	TEINTERVAL
		PARTIDEATH	ALAC CALICED D	444		satia a		2:			BETWEEN ONS	ET AND DEATH
			IMMEDIATE		terioscle		arurovasc	cular al	sease			
7		Canditians, if	any which	DOE TO, OR A	S A CONSEQUENCE	Or						
		gave rise to	immediate	(b)								
		cause (a) statir lying cause las		DUE TO, OR A	S A CONSEQUENCE	OF				-1.0		
				(c)						- 50	The second	1-1-15
		PART 2 OTHER SIGNIFICA	NT CONDITIONS COI	NTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL OISEASE OR	CONDITION GIVEN IN PAI	RT 1 ion				
	N O											
7	Y	19a. DATE OF OPER	ATION	196 CONDITI	ON FOR WHICH OPE	RATION WAS	PERFORMED?				20 AUTOPSY	(?
-	Ĕ										YES 🗆	NO E
7	CERTIFICATION	210 EXTERNAL CA		21b. TIME OF		21c. HOW	INJURY OCCURRE	D (ENTER NATURE O	INJURY IN ITEM 181	PART 1 OR PART		A
5	ALC	UNDERLYING CONTRIBUTING	OR CAUSE OF DE		MONTH DAY YEA	AR .						
	MEDICAL	21d. INJURY OCCU			19 FINJURY (ATHOME,	21f. LOCAT	TION					
	ME	WHILE NO			RY, FARM, ETC.)	STREE		CITY OF	TOWN	COUN	TY	STATE
	-	AT WORK AT	work					**				
		22a I certify tha	I took charge o	of the remains descr	ibed above, held an	Autapsy	, Inspection	X Inqu	ry . an	d in my apın	ion	
		death resulted fra	Natural	causes X	Accident, S	uicide,	Hamicide .	Undetermined	monner .			
		1000000	h	1	1		TITLE (SPECIFY)					
		SIGNATURE	7/4	A		M D	Deputy Ch	1 OFFICAL EX	AMINED	DATE	12-26	-86
2		1	1.	-		74.0.		DICALEA	MANINER	SIGNED		
de	-	(TYPE OR PRINT)	Ann I	M. Dixon,	M.D.	ADI	DRESS 111 Pe	nn St.	Balto.	MD.	21201	
_	73a B	URIAL, CREMATION,			23c. NAME OF CE			23d. LOCATIO		7 1 10	22201	
	(Cremation		12/27/86	Green	Mount	Cemetery	CITY OF BOWN	timore	Md.	S	STATE
	74 F	UNERAL DIRECTOR						REC'D. BY REGIS				
		NAME	TOTAL SEC. 1	ADDRESS	110 (50)	77 1		3 4 1986	Vision	Diagram	- Kardas	An .
(5))	M	ITCHELL-WI	LEDEFELL	D HOME, I	NC. 6500	York	Rd. DEC	0 1				

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26501 DEC-	FOR STATE REGISTRAR		DEPAR	TMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 4 3	0 8
yy be oge 3 deoth	I. DECEASED NAME (TYPE OR PRINT)	MADELINE	MIDDLE		ELMS	DECEMBER 3,		26 HOUR P 1:54
stor, p	3. SEX Fema	le A RACE Wh:	ite	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS BATS	IF UNDER 24 HRS
nerol direction 72 hours	COUNTRY) Md.		S.A.	? 8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR COU BALTIMORE	OITY	MD.
by the to	10. CITY OR TOWN OF D BALTIMOF		OF HOSPITAL, NURS SUCH FACILITY, GIVE STRE JOHNS H		S HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE	ING LIFE) 12b. KIND O INDUSTRY HOT	THE BUSINESS OR
AND 21201	USUAL RESIDENCE (IF NI 130. STATE Md.	URSING HOME OR OTHER INSTITUTE TO THE COUNTY Anne Arund	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	e Rd. 21	122
MARYL MARYL Markh Maryl	Frank	WIDDLE	Punco	char	nother's maiden na Madelin		Schn	eider
IMORE,	16a WAS DECEASED EV (YES, NO OR UNKNOWN)	ER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES			Karen A. Hel	ADDRESS ms same as	13	
ST., BALL	18 CAUSE OF DE. PART I. DEATH	ATH (Enter only one couse WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for 101, 161, o	-	rect			mate interval onset and death circutes
Tw. PRESTON Thot the death of by the Unending or a second or the treatment or the treatmen	Conditions, if or gove rise to it cause (o), sta underlying cou	ny, which (b) mmediate tring the DUE TO	OR AS A CONSEQUACIÓNS. OR AS A CONSEQUARMA	UENCE OF	twe seps	ìs	3 d	ay.
ECORDS, 20 Dw requires been signe mit. Then p prior to bury, o		al-failure	2) Hay	patic.	NOT RELATED TO THE TERM TELLINE N WAS PERFORMED	- /	Mellitu.	
ALRI The laction.	RTIFIC			41 OPERATIO		YES NO NO	F YES, WERE FINDIN ERTIFYING CAUSES YES [OF DEATH?
DIVISION OF VIII SEE PHYSICIAN When the confliction So the Burnel-from th and Mental Hy, streed or from 18 s	OR CONTRIBUTING	CAUSE OF DEATH HOUR	E OF INJURY A.M. MONTH I P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)	
DIVISION WG PHY at the In the	- ATTILLE NO		CE OF INJURY . STREET, FACTORY, OFFICE	, FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
CTOR. A CTOR. A To use of Heat	sow the dece obove (1)(we	(1) (this hospital) attended osed alive on 12) (did) (did not) view the bo			d that in my)(our) opinion	deoth occurred on the date and	hour and from the	tho (l) (we) lost couses stoted
TAL OF the hory the hory the hory detached detached to he had not the heart	22b. SIGNATURE	in C. Sk	the 1	no	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF. DIRECTOR PHYSICIA	12 /2 DATE	SIGNED 13/86
TO HOSPITA TO FUNER should be di with the Stan	ELC	NAME (TYPE OR PRINT)	SOLY		600 H Li	Dolf St. B	alto, N	VDS130
BP	236 BURIAL, CREMATIO (SPECIFY) Buri				EMETERY OR CREMATORY		Anne Arund	
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME MC Cul.	ly F.H. 3204	Mountain	Rd.Pa		PEC 8 1986 256. BA	SISTERAL SECTION	DR



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG.	N

	Et-	FOR SPATE C REGISTION		DEPART				GIENE	8 6 REG. NO	3	4	5 Q ,
	I. DEC	CEASED NAME FIRST	PROPERTY AND RESIDENCE ASSTREAM REPORT REPORT	E OF DEATH	MONTH DA	Y YEAR	26 HOUR					
		BERTH.	A MAI	E HEN	DERSO	N		DEC	EMBER 1	4, 198	6	9:00 p
	3. SEX	(4. RACE				WEAD				UNDER 1 YEAR	IF UNDER 24 HRS
		FEMALE	BI	LACK			_	82	2	YRS.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIN.
200		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 AA ADDIE	Y NEVE	P AA A DDIED	9 BALTI	MORE CITY O	R COUNTY C	F DEATH	
5		RGINIA	U. S.	. A.				1	Baltimo.	re Cit	y	M
3		TY OR TOWN OF DEATH	LIF NOT IN SUCH	FACILITY GIVE STREET	ADDRESS)			TYPE OF	WORK FOR MOST O		INDUSTRY	
1	13a. S			13c. CITY OR TOW	'N			13e.STRE	ET ADDRESS /	ZIP CODE HILL	BALTIMO	RE, MD.
	_	THER'S NAME	WIDDLE.	1467		15. MOTHE						
	D	WALTER	MIDDLE		S	1			MIDDLE		BRITI	2
		VAS DECEASED EVER IN U.S. AR						E	BALTIMO	E. MAF		
	14	res, no or unknown) (IF YES GIV		212-32-2	702	CHARL	ES RAYMO					
		18 CAUSE OF DEATH (Enter on	ly one cause per li	-								
		PART I. DEATH WAS CAUSEI	E CALISE (n.)	Motasta	tia c	araina	ma of t	ha De				
		,					AND OT C	110 10	mercub			
		6 19 7	DUE TO, OR	AS A CONSEOU	ENCE OF							
		Conditions, if any, which gove rise to immediate	(b)									
		couse (o), stoting the	DUE TO, OR	AS A CONSEQUE	ENCE OF							
		underlying cause last.	((c)									
	100	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO I	DEATH BUT	NOT RELAT	ED TO THE TERM	AINAL DIS	EASE OR CON	DITION GIVEN	N IN PART 10	
	NO O											
7	AT	190 DATE OF OPERATION	19b CONDIT	ION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a A	UTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
1	표							VEST			NG CAUSES (
	CERTIFICATION	710 ACCIDENT WAS UNDERLYING	71b TIME OF	INJURY		12)c HOW	INJURY OCCUR	RED LENTE			I LORPARI 21	140
1		OR CONTRIBUTING CAUSE OF DEA	In .	. MONTH D	AY YEAR			(2.11)				
	S.	(IF EITHER NOTIFY MEDICAL EXAMINER			19							
	MEDICAL	21d. INJURY OCCURRED			ARM ETC)				CITY OR TO	WN	COUNTY	STATE
		AT WORK		Moss						3		
		22a I certify that XXthis hospit	al) attended the	deceased from_	Dece	mber :	14,19 86	, to	Decemb	er 1419	86 . 1	hot 🗶 (we) los
		sow the deceased plive on	Decembe	tter depth	86 , 01	nd that in (na	(our) opinion	death occ	urred on the do	teland hour o	and from the c	ouses stated
		77k SIGNATURE	X			DEGREE					22c. DATE S	GNED
		100	~/=	> 7	n 10.		ATTENDING PHYSICIAN F	MEDIC	AL STAF	F IAN CA	12/	
1		224 PHY ICIAN'S NAME (TYPE O	PRINT)		0.0.	22e ADDR		- OIKECT	OK IIII 3IC	IAIT E	1	
	- 1	MAIN	TOWN	m	10.	C	o Maryl	land (General	Hospi	tal	
		URIAL, CREMATION, REMOVAL	23b. DATE	CERTIFICATE OF DEATH MADULE MARK HENDERSON DECEMBER 14, 1986 9:00 p ALGE INTERNSLASS BRITHAN MARKED AND SHEET MARKED BLACK 10 15 1904 82								
		SPECIFY) BURIAL	12/19/									
	24.54	MERADOREGIOCONE TIL							BY REGISTRAR	75h REGISTRA	P'S SIGNATI	IRE

DHMH - 16 60M 7/B4 (VRA 15, 4)

NUTTER STOSONS FUNERAL HOME, INC. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

UEC 1 7 1986 Julia Trinden Pendre

TISIS CONTYRAY . UNIVERSE 219-32-2702 CHANLES NAVENUU HENDE SAM 1622 SHUID HILL AVE.

12/19/1985 Garrison Porcet Veteran Beltimore, Meryland

. Us , madeline as

TTISE

1622 DRULD HITE AVENUE, 21217

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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-	FOR 1 - STATE REGISTRAR	DEPA		ALTH AND MENTAL HYG	IENE 8 6	3	ध इं	0 8
4	UDSCEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	ONTH D	AY YEAR	2h HOUR
	John	G.	H	ennessey	December	13 1	986	7:26 A.
	3. SEX	4 RACE	5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHE		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White		il 26 1916	70	YRS		
	TO. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR	COUNTY	OF DEATH	
2	Md.	U.S.A.	WIDOWED		Baltimor	e Ci	ty	MD.
6. 5	Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI 4219 Seidel	L Ave.	OTHER INSTITUTION	17g USUAL OCCUPATION ITYRE OF WORK FOR MOST OF V	WORKING LIFE		ers Co.
5	Md.		nore	BO INSIDE CITY LIMITS?	13e STREET ADDRESS / 1 4219 Sei	zip code del	Ave.	21206
1	14 FATHER'S NAME FIRST	MIDDLE LAST	1:	5. MOTHER'S MAIDEN NAM	WE		Į AS	51
	Andrew	Hennes		unkno				
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SI	ECURITY NO.	7 INFORMANT	ADDRES			
	no	[220-0]	L-1199	Wm. Hennes	sey (son)	same	addr	ess MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stafting the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	Ayyort QUENCE OF	OT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVE	N IN PART TO	•
1	199, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	198 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED			WERE FINDING CAUSES	
	TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING CAUSE OF DI OR EITHER NOTIFY MEDICAL EXAMINI THE EITHER NOTIFY MEDICAL EXAMINI THE CONTRIBUTION AT WORK AT WORK		DAY YEAR	THE LOCATION STREET			COUNTY	STATE
	22a. I certify that (I) (this hasp	oital) attended the decoased from	9 <u>30</u> , and	that in (my) (aur) apinion of GREE ATTENDING	deoth accurred on the date			
	1113.	rosei.	Mo	FHISICIAIN [DIRECTOR PHYSICIA	AN [12/	15/26
	Dr. Elliot			8100 H	arford Rd.			
	23a BURIAL, CREMATION, REMOVA			METERY OR CREMATORY	23d LOCATION Baltin		COUNTY	Md.
	Burial	12/16/86	Jardens	of Faith	Bartin	OTE		riu .

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Ite

^{24 FUNE APIEMOnek Funeral Home Inc.} 3331 Brehms Lane, Balto. Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEC 1 9 1986 Julia Dinton Knidael.

requires that the death certificate be executed within 24 haurs after

etely filled in by the funeral dir 3 should be filed within 72 bou

nist be notified of sace.

	IRTHPLACE (STATEON FOREIGN ID CITIZEN OF A COUNTRY) AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION STATE AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION STATE I 3b. COUNTY ATHERS NAME MIDDLE WAS DECEASED EVER IN U.S. ARRAED FORCES? (YES. NO ORUMNNOWN) (IF YES. GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (o), stofting the underlying couse last. (c)	DEPA		EALTH AND MENTAL HYG	IENE 8 6	3 4	3 U 3
	ECEASED NAME PEOPPRINT)	SE _	HE.	NRY	26 DATE OF DEATH	MONTH DAY YEAR	825 /
3. SE	-Ema/8	Black	3 DATE C	25 YE 09	6. AGE (IN YEAR' BIE	THDAY) IF UNDER 1 YE MONTHS. DA YRS.	
70. B	COUNTRY BOCKY MQUIN	U.S.A	TRY? 8 MARRIE WIDOWE		9. BALTIMORE CITY O	COUNTY OF DEATH	ME
10 C	BA MO	11. NAME OF HOSPITAL, NU LIENOT IN SUCH FACILITY, GIVES LEY CINCL		PICE	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF DOMES		OF BUSINESS OR
13a.	STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE B ITY 13c. CHR OR T	FORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS	111-00	1 2 -
14. F.	ATHE S NAME AMES -	MIDDLE Shirt	Elds	15. MOTHER'S MAIDEN NAM	MIDDLE	Pens	W/
16a	(YES, NO ORUNKNOWN) (IF YES, GIV		40590	HANDING E	VN112544	Symphon	HRILL, MC
	PART I. DEATH WAS CAUSE	D BY.	lio Pu	lmonary	arrest	_/ /	CROMATE PATERYAL THE CROSET AND DEATH
NO	gave rise to immediate couse (a), stating the		EOUENCE OF	C LIVER C	discore à	IDITION GIVEN IN PART	1101
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
MEDICAL CERT	2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR			
MED	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	2 te. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	22a.1 certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no	(7 77	21	nd that in (my) (our) apinion of	, to	ote and hour and from	_, that (I) (we) lost the couses stated
	22b. SIGNATURE Stellale -	M. Shel		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF /	2124/86.
	DR. G.	SHAH M.	D	22e ADDRESS 2/05, /	1. charles	+ BALTI	imolE.
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 12/29/86		Memorial Park	23d LOCATION CITY OF TOWN Arbutus	COUNTY	MD STATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 12-2-DEC 30 1886 4 in Director Park

STATE OF MARYLAND

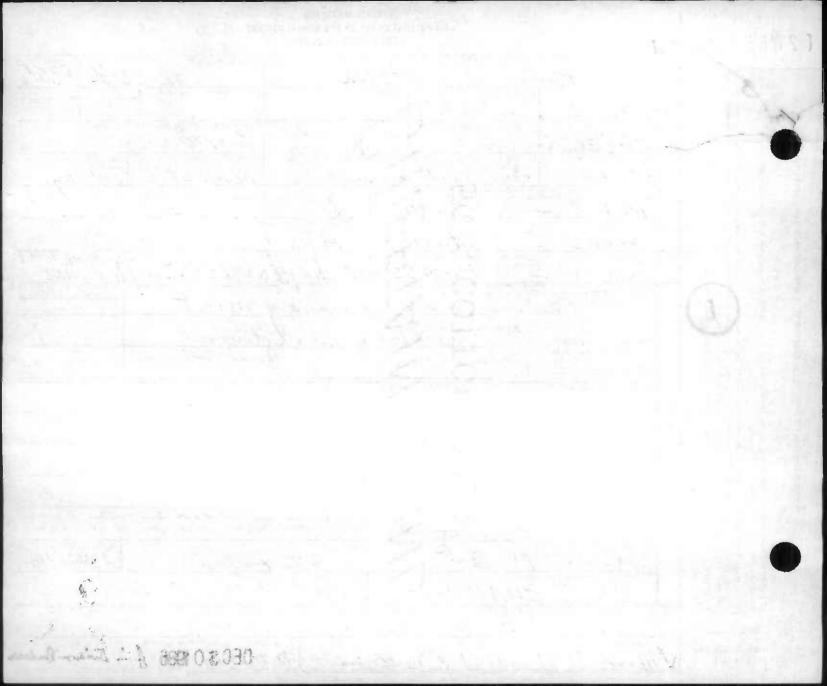
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please remaint the State Dept. of Health and Mental Hygiene prior to burial, cremaint the State Dept. of Health and Mental Hygiene prior to burial, cremaint IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician. FOR



029432

STATE OF MARYLAND

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- STATE				EALTH AND MENTAL HTG	0 0) the	3 1 0	
1. DECEASED NAME FIRST	MID	DLE	L	AST	REG.	MONTH	OAY YEAR	2b. HOUR	
(TYPE OR PRINT) PAMEL	Λ	ANAI	ПС	NCON		10	00 01		
3. SEX	A RACE	INN		NSON	6 AGE (IN YEARS LAST E		28 86	IF UNDER 24 HRS	
The second secon			MONTH	DAY YEAR			MONTHS DAYS		
FEMALE	BLAC		3	11 1950	36	YRS.			
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	ARRIE	NEVER MARRIED	9 BALTIMORE CITY	_			
MARYLAND	U. S.	111	DOWE		BALTIMOR		Υ	M	
10 CITY OR TOWN OF DEATH		SPITAL, NURSING HO ACKITY, GIVE STREET ADDRE		PROTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OF	
BALTIMORE	1603 ST	ONEWOOD RO	DAD		HOUSEWIFE		II II DOSTKI	HOME	
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COUR		VE RESIDENCE BEFORE ADMI		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 710 COD	BALTIMO	RE. MD.	
MARYLAND		BALTIMORE		YESXX NO	1603 STONE				
14. FATHER'S NAME				15. MOTHER'S MAIDEN NA		NOOD	TOND:	61677	
ROOSEVELT	MIDDLE	ROBINSON		EDNA	WIOOIE		LA	ST	
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 11	SOCIAL SECURITY	NO	17 INFORMANT	rADD	RESE MODE	- 140	01070	
(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)				BAL	TIMUR	E, MD.	21239	
NO NO		17-56-7259	9	Mr. SOLOMON H	HENSON 160	13 510		ROAD.	
Conditions, if any, which	DUE TO, OR A	CML ->	OF	reute leulier	uir.				
couse (a), stoting the underlying couse lost.	DUE TO, OR A	AS A CONSEQUENCE	OF						
PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	VEN IN PART 1	101	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b CONDITION	ON FOR WHICH OPE	RATIO	N WAS PERFORMED	20a AUTOPSY?	20b. 1F YE	S, WERE FIND!	NGS USED	
2					IN CERTIFYING			CAUSES OF DEATH?	
210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	NIHPY		21c. HOW INJURY OCCURE	YES NO		S	NO 🗌	
	HOUR A.M.	HOUR A.M. MONTH DAY YEAR		ZICTIOW INJOHT OCCORP	CED (ENTER NATURE OF IN	OKY IN HEM 18	PART FOR PART 2}		
OR CONTRIBUTING CAUSE OF DE.	P.M. 21e. PLACE OF INJURY		21f LOCATION						
WHILE NOT WHILE AT WORK		FACTORY, OFFICE, FARM. E	ETC }	STREET	CITY OR I	OWN	COUNTY	STATE	
22a.l certify that (1) (this hosp		deceosed from	/	. 19	, to		19	that (I) (we) los	
saw the deceosed alive on obove, (1) (we) (did) (did no	view the body of	ter deoth.	Z. on	d that in (my) (our) opinion	deoth accurred on the	dote and hou	or and from the	couses stated	
22b. SIGNATURE	0.0		(DEGREE			22c. DATE	SIGNED	
1410	Lexes	201	671	ATTENDING THE	MEDICAL ST.	AFF	12	131/3/	

GCASSEn-

22e ADDRESS

REISTENSTONA

23a. BURIAL, CREMATION, REMOVAL Burial

1/02/1987

23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY

23d. LOCATION

MARYLAND

24 NVERTERECORSONS FUNERAL HOME, INC. 2501 gwynns Falls Pkwy. Baltimore, Md. 21216

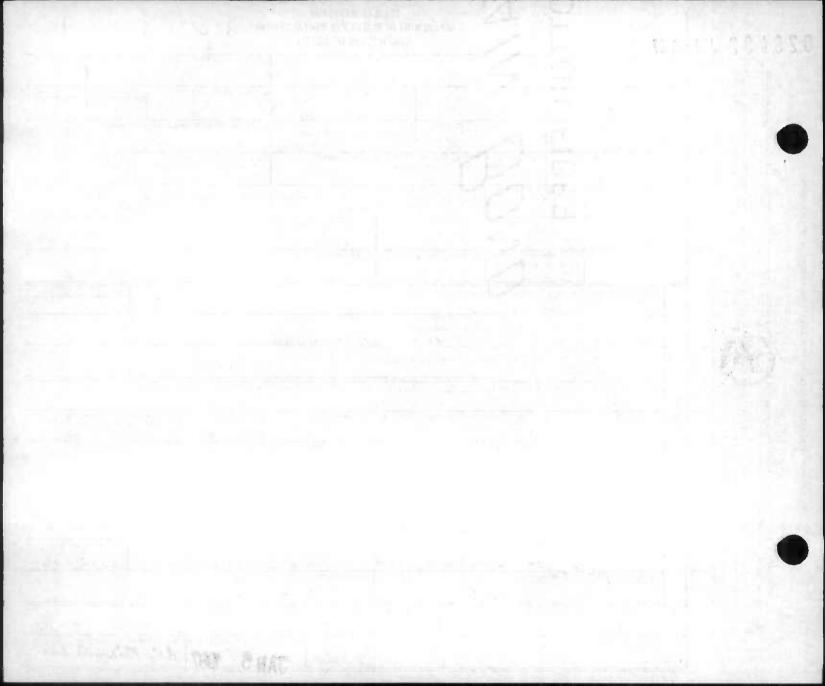
RY BALTIMORE, MARYLAN

250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR

MPORTANT: If he should be detach with the State De



026247 0	EC -	FOR - STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	4 5 1 1
2707410	26 -6	DEGLASED NAME FIRST	MIDDLE	LAST		AY YEAR 26. HOUR
dep dep dep		Bernard		Herren	12 11	100 M
Fer. B	3	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 5 21 1 0 3		IF UNDER I YEAR IF UNDER 24 HRS ON I HS DAYS HOURS MIN,
and the state of t		Male BIRTHPLACE STATE OR FOREIGN	White	1 4 1/4		
1 1	55	COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		
13/11/	8-7	Mary Land O CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED		12b. KIND OF BUSINESS OR
- VI 18	Enf-	Baltimore	Union Memor	ET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) Balto.City	
2120	1	JSUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		
ND 24 F		Maryland 136 co	UNTY 130 CITY OR TO Baltir		502 E. 26th St	t. 21218
rYLA thun thun tely	N N	4 FATHER'S NAME		15. MOTHER'S MAIDEN	NAME	0. 2.12.10
WA P TEST	50	Frank	Herri	n Theodore	e Middle	Kawecki
RE, ecut	0 1	60 WAS DECEASED EVER IN U.S.		CURITY NO. 17 INFORMANT	ADDRESS	21218
BALTIMORE, MARYLAND 21201 cote be executed within 24 hourselysician and completely filled if by apers. Pages 1 and 2 should be life	med L	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 218-18	-1570 Theodore	Herrin 502 E. 2	6th St.
BALT orte la rsicio upers	t, the	18 CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), (SED BY.	and (c-1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IS TO SEL	even		ATE CAUSE (a) CONC	liac Arrest		3 mins.
NO E THE	afic	100	DUE TO, OR AS, A CONSEO	UENCE OF		
NA PER	rond	Canditians, if any, which gave rise to immediate	(16) HypE	RIENSIVE CARD	POVASCULAR	years
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., attending physician. When this certificate has been signed by the this certificate has been signed by the property of the burial-stronsit permit. Then please in the cortions of the burial-stronsit permit. Then please in the cortions of the burial-stronsit permit. Then please in the cortions of the burial-stronsit permit in the please in the cortions.	ather	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF	DISEASE	
201 es tho	ö		(c)		FERMINAL DISEASE OR CONDITION GIVE	
RDS, 20	ınlury,	5 Mila	11.		TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1 a
ECORI aw rec been rmit. Tl priar t	Out Out	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
TALRE The lo ician. The has sit per reperence of the perence of th	SM 7	H. C.			YES NO YES	ING CAUSES OF DEATH?
DIVISION OF VITAL R ENDING PHYSICIAN: The Is al ar attending physician. DR: After this certificate has use as the burial-transit per Health and Amental Hygiene				DAY YEAR 216 HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	ET I OR PART 2)
SICIA g p g p g p g p	or mem	OR CONTRIBUTING CAUSE OF (ZEATH &	19		
VISION OF VIT. C PHYSICIAN: 1 attending physic ter this certificate to the buriol-trans to the Autonial Hyg	ŏ	OR CONTRIBUTING CAUSE OF I	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG NG ther there there is the property the p	norked	AT WORK AT WORK		7	01 10	2.0
DIVI ATTENDING Signal or oth CCTOR: After CCTOR: After of for use as if	5		phol) attended the deceased from	- · ·	to // 19	9_06, that (I) (WE) last
F # 0 0 # 5	8 7	saw the deceased alive abave (H100) (did) (did	not sew the body after death.		nian death accurred an the date and haur o	
OR A he has	<u> </u>	D. SIGNATURE	mes	DEGREE ATTENDIN	G MEDICAL STAFF	22c. DATE SIGNED
PITAL by t ERAL e det	Ž	MA PRYSICIAN'S NAME (TYP	1-00	PHYSICIA 22e ADDRESS	DHECTOR PHYSICIAN	12.1.86
TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be detached if with the State Dept. It is the state of the	TA TA	1/05	17-21,521	15 3209 900	mount lun Bred	to And 2128
10 P	2	3a BURIAL, CREMATION, REMOVA	1 23b. DATE / 123c	NAME OF CEMETERY OR CREMATO		70 000000
BP		Burial	12/3/86 H		CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/8	2	4 FUNERAL DIRECTOR		25a.	DATE REC'D. BY REGISTRAR 736 REGISTR	AR'S SIGNATURE
(VRA 15, 4)		Connelly Fur	neral Home of		DE O	indoon Randalls

26217 00-005 · John William Committee

-0200 ST-2 10 ST- 1210

0		1	FOR		DEDADTA		E OF MARYLAND EALTH AND MENTAL HY	CIENE	4	10	1)
941	9 JAN -6	87	- STATE REGISTRAR		DLI AKIN		ICATE OF DEATH	REG. N	10.	my w	1 500
UTI	0 01111		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DA	AY YEAR 2	B. HOUR
Pe	deoth deoth		MIRIAM		J.	HEF	RNDON	12-31-	86		740 AM
O.E.	0 0	3. SE	X	4_RACE		5. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY)		IF UNDER 24 HRS
Ω 4	ector rs of		Female	Whit	te	Sept	. 20, 1891	95	YRS.	ONTHS DAYS	HOURS MIN.
o _o	hours	7a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
A deoth. Poge	hin 72		N.C.		ISA	WIDOWE	DIVORCED T	Balti	more	City	MD
2%	with with	10. 0	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT			BUSINESS OR
100	by th	Section 1	altimore City	The I	Union Me	mori	al Hospital	Teacher			ation
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death certificate	ysicior opers. wol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one couse pe	r line for (a), (b), and	l (c).				APPROXIMA SETWEEN ON	ATE INTERVAL SET AND DEATH
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ATTEND ospitol o	2 0 0 1		sow the deceased live on obove (I) (we) (did did not	view the body	ofter death.	86 , or	d that in (my) opinion	death occurred on the d	ote and hour c	and from the co	uses stated
	DIRECTOR: oched for us Dept. of He f Item 21 is		226. SIGNATURE		4		DEGREE			22c. DATE SIG	GNED
HOSPITAL OR	ERAL DIREC		L. a	dery !	MD		ATTENDING PHYSICIAN (MEDICAL STA		12-	31-86
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DIVISION OF VITAL RECORDS, 201 W. PRESTON, BALTIMORE, MARYLANDO 1201	
7	2 8
R ATTENDING PHYSICIAN: The law requires that the death worthcate be executed within 24 havin after death. Page 4 may be hospital or attending physician.	52
RECTOR: After this certificate has been signed by the attention and campletely filled in by the formal director, page 3	l _l
ned for use as the burial-transit permit. Then pleasing the property. Page is and 2 should be filed with most nours after death apt. of Health and Mental Hygiene prior to burial, cremation, or removal.	6

3	46	DEC	-B-	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 O	3	4 4	1
				EASED NAME	FIRST	,	MIDDLE		AST	20 DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

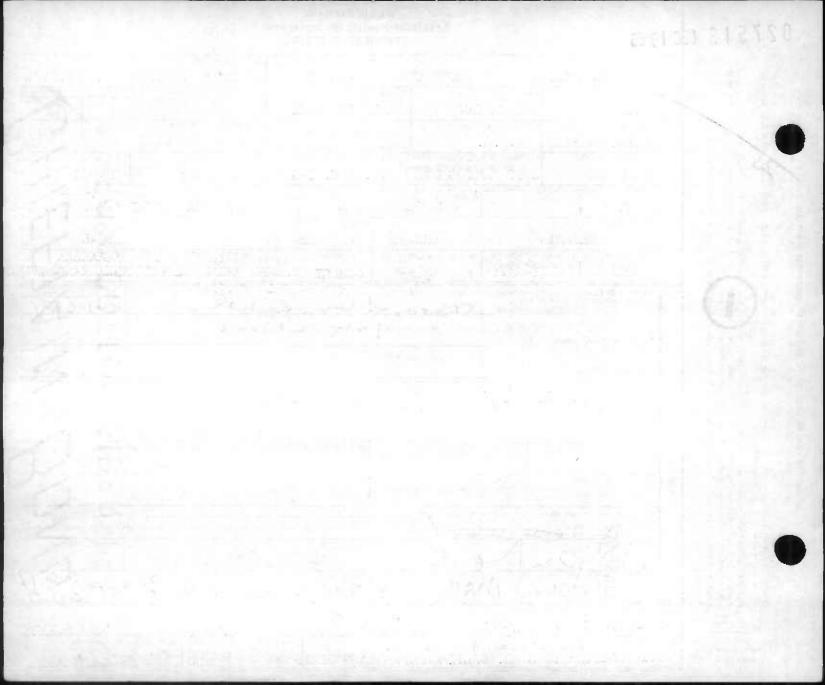
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DHMH - 16 60M 7/84 (VRA 15, 4)

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	9	noy be	poge 3			CEASED NAME FIRST	ry B.	Hines Is. DATE OF BIRTH	20 DATE OF DEATH	MONTH DAY	86	5 30 FUNDER 24 HRS
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AND 21		1	Yfilled in hould be	30	W	AL RESIDENCE (IF NURSING HOME O		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS V	ZIP CODE	Ave	21207
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ST., BALT		ertificone a	g physical	event, the		PART I. DEATH WAS CAUS	only one couse per the for (a), (b), on ED BY: ATE CAUSE (a)	spulmny W	ries		APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
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01 W. P	1	101	d by the	al, crem or other		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF Fraine				
RDS, 2		edos		r to burnini	NO	PART 2 OTHER SIGNIFICANT	OM WITTER	DEATH BUT NOT RELATED TO THE TERM	Bulus, C	UA L	IN PART 1101	126
AL RECORD		on.	hos b	lows ony i	TIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES OF	S USED DEATH?
OF VIT	144	g physic	00:	Mentol Hygin trem 18 sh	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
DIVISION OF VITAL		offending		rked or fi	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
٥	TENDIN	pitol or	TOR: Af	of Health		sow the deceased alive or	n /2-10 ontol) attended the deceased from 19-10 ontology of the deceased from 19-10 ontology of the death	, and that in (my) (our) opinion				et (I) (we) last uses stated
	90	the hospir	AL DIREC	ote Dept. IT: If Item		276 SIGNATURE	Kuun	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		12 / 10	111
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BP. DHMH - 16 60M 7/84

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 12/13/86 Buria1

23c NAME OF CEMETERY OR CREMATORY Mt Auburn Cemetery

Baltimore

COUNTY

STIME

24 FUNERAL DIRECTOR Funeral Home West 4300 Wabash Avenue

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 12 1986 Julia Davidson & Julia Devidson Paridace

U.S.A. × i brakkend i Destin despite & Medical Conter Balmine Maryland Bullmine X Brooks Mary DohoL SU-W-SIN Francis - Transfer Street Street

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

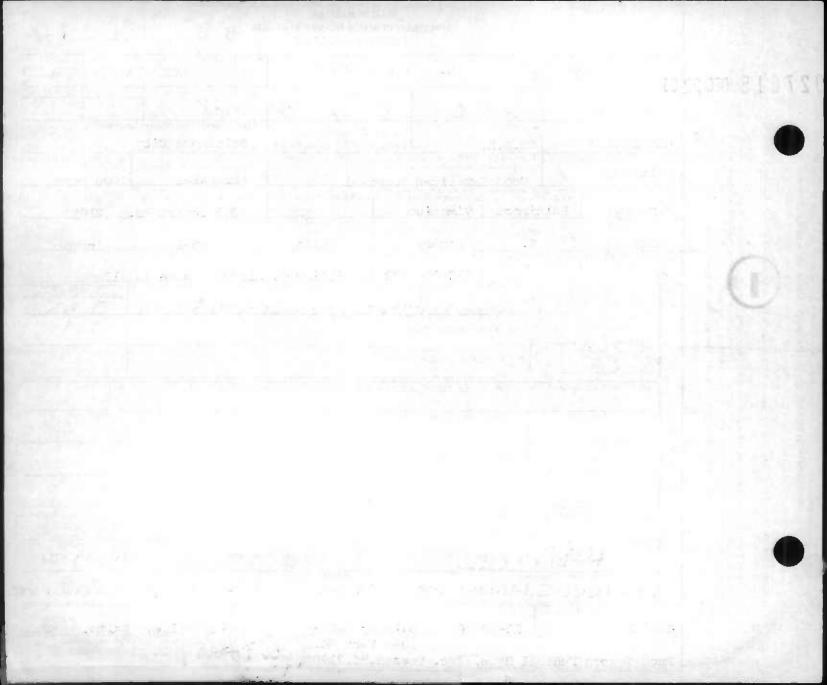
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22		CEASED NAME OR PRINT)	FIRST	E	N.	Him	HIRSCH	20. DATE OF DEATH	НТИОМ	DAY YEAR	2b HOU
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4		TY OR TOWN OF DEA		(IF NOT IN SUCH F	ACILITY, GIVE ST		or other institution	120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOMEMAKE	OF WORKING L	12b. KIND C INDUSTRY Own	
36	130. S	AL RESIDENCE (IF NURSIL	NG HOME OR OTHE 136, COUNTY Balti	ER INSTITUTION GI	VE RESIDENCE BE Ba. CITY OR T Timon	OWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COD	DE	093
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The decad	160. W	AS DECEASED EVER		FORCES? 1	6b. SOCIAL S	ECURITY NO. 3-6572	17. INFORMANT		RESS		ggott
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njury, or other traumotic even	NO	Conditions, if ony, gave rise to imm cause (a), stating underlying cause	which hediate g the last.	DUE TO, OR A (b) DUE TO, OR A	AS A CONSE	QUENCE OF	NOT RELATED TO THE TERM		NDITION GI	IVEN IN PART 10	de
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STATE OF MARYLAND

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1	- 2	RTHPLACE ISTATE OF FOREIGN COUNTRY	76. CITIZEN OF WHAT COU	NTRY? 8 MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY BALT	OR COUNTY OF	DEATH 74	MD.
	13	AZ DMUNU		4 M WICH	ROTHER INSTITUTION	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST NETINED	OF WORKING LIFE)	126. KIND O INDUSTRY	F Se/f
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7) FA	THER'S NAME Charles	A. Ho	ffman	15. MOTHER'S MAIDENN Anita	AME	Do	yle	1
2			VE WAR OR DATES)	1 SECURITY NO.	Mr. Charl	ADDR es W Hoffn		ne As	# 13
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON (b) S S S S S S S S S S S S S S S S S S S	AINO V SEQUENCE OF BODIAL	ENMICUM !			10	MINS, DAYS
	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	ERE FINDIN	NGS USED
2	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINED CONTRIBUTION OF	HOUR A.M. MONT	19	211. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ		OR PART 2)	STATE
		22a I certify that (I) this hospi	1-1.	_19 CC _, an	d that is (my) (aur) apinion	to		0	
		274. PHYSICIAN'S NAME (TYPE O	PRINT)		PHYSICIAN PHYSICIAN PROPRIESS BATTMUNG	DIRECTOR PHYSI	CIAN	50757	2
		URIAL, CREMATION, REMOVAL BURIAL	12/8/86		EMETERY OR CREMATORY Ville. V. A.	23d LOCATION CITY OF TOWN CROWNS	ville,	aryl	and

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR Pasadena, Md, 2011:122 McCully Funeral Home, 3204 Mt.Rd. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE & the Division Pondage GEC 1 2 1986

The state of the s

12/19/86

(VRA 15, 4)

DHMH - 16 60M 7/B4

23g. BURIAL CREMATION REMOVAL

city or Balt imore, Md. Wew Cathedral Cemeteru 24 FUNERAL DIRECTOR Sterling Funeral Estate, P.A.

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 736 Edmondson Ave.; Catonsville. #1228. M&

YES P

COUNTY

221 DATE SIGNED

STATE

2b HOUR

12h KIND OF BUSINESS OR

21228

INDUSTRY

027618161500 TERMINE MEN PORTS DESCRIPTION FROM - Note the second section of the section of the second section of the sectio Topic and the second of the se 1 772 U M M M ... Set of March

2	6	4	5	6	DEC	-9	\$6	FOR STATE REGISTRAR
								EASED NAM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.				
20. DATE OF DEATH MONTH	DAY	YEAR	2h HOL	JR
126	86			
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
74 YRS.	MONTHS	DAYS	HOURS	MIN.

1	I DECEASED NAME FIRST	WIDDLE	LA	ASI	ZO. DATE OF DEATH MONTH	DAT TEAR	ZE HOUR
	2-Hoff Paul	Paul K	Hof	fman	126	86	٨
	3 SEX	4. RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male ₩	White	HTMOM (25 12	74 YRS	MONTHS DAYS	HOURS MIN.
-	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	ITRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUN		
1	Maryland	USA	WIDOWEI	D DIVORCED	Baltimore Ci	ty	ME
	Baltimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Francis Scot	STREET AODRESS]		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Clerk		OF BUSINESS OR
6	USUAL RESIDENCE IF NURSING HOME OF 130. STATE Maryland Ba	NTY 13c. CITY OR		13d INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS / ZIP CO 588 47th Stre		224
1	John	MIDDLE LAS		15. MOTHER'S MAIDEN NA FIRST Catherin	MIDDLE	Byrnes	
		VE WAR OR DATES)	SECURITY NO. 01-0064	Teresa M. I	ADDRESS Hoffman Same as	13e.	
The second second	18 CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUSI IMMEDIA		SEQUENCE OF	morary decline at	mest intilien, ta aries	MUC	mate interval onset and death
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS			mi	11:	07 AM

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH? NO [
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR F	ART 2)					
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COU	INTY STATE					
220.1 certify that (I) (this hospital) attended the deceased from Dec 1986, to Dec 6, 1986, that (I) (we) I sow the deceased alive an Dec 6, 1986, and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did) (did not) view the body after death.										
226. SIGNATURE	much MD ph	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		. DATE SIGNED					

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate

hould be detached for with the State Dept. of MPORTANT.

8

morked or Item

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 12-9-86 Burial 24. FUNERAL DIRECTOR

23b. DATE

7922 Wise Ave.

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

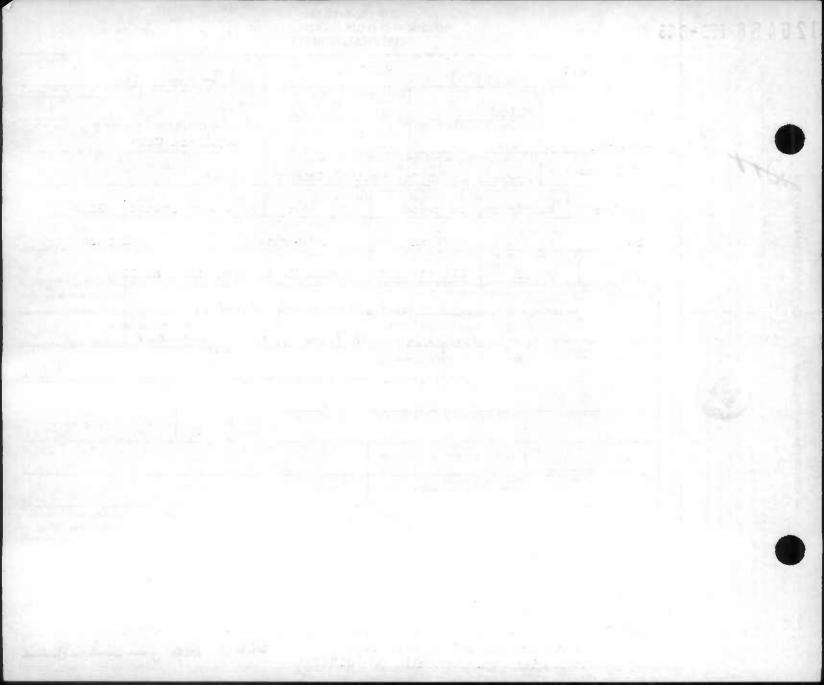
Sacred Heart of Mary Baltimore Maryland
ome of Dundalk

25. DAT DEC P. BY REGISTRAP 25. REGISTRAP'S SIGNATURE

25. DAT DEC P. BY REGISTRAP'S SIGNATURE

25. DAT

Duda-Ruck Funeral Home of Dundalk Dundalk, MD 21222



STATE OF MARYLAND

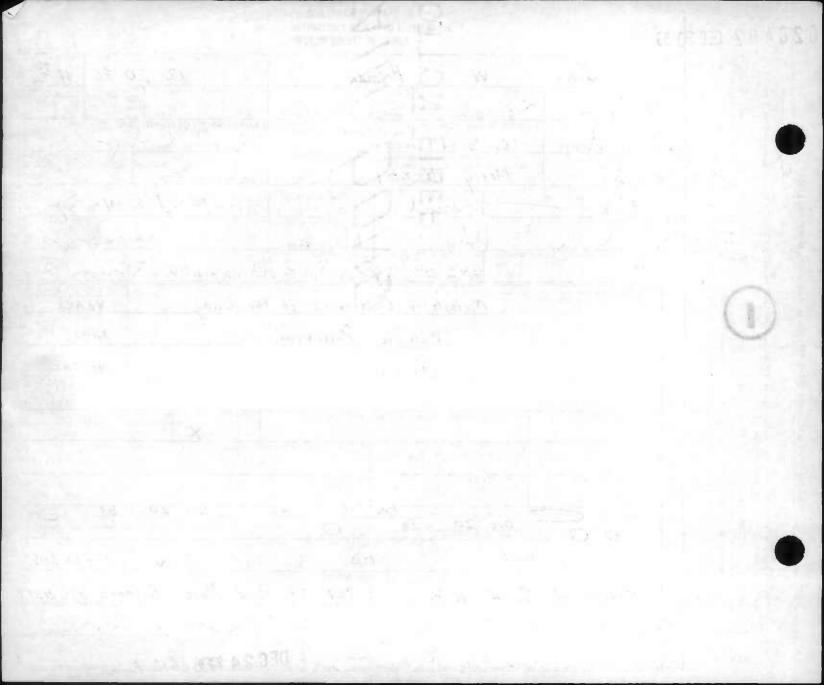
3	ე1ც	FOR STATE REGISTRAR		DEPA	RTMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		3 4 3 2 2
		CEASED NAME	John	MICOLE W	Holman 5. Date OF BIRTH	26. DATE OF DEATH MONTH 12 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 20 86 11 30 IF UNDER 1 YEAR IF UNDER 24 HRS
0	N	RTHPLACE 111	olin	CITIZEN OF WHAT COUNT W. S. A	RY? 8 MARRIED MEVER MARRIE WIDOWED DIVORCE RSING HOME OR OTHER INSTITUTION	ED [] Kryll	TY OF DEATH MD.
7	<	Engl.	ALTERNATION.	(IF NOT INSUCH FACILITY, GIVES)	REET ADDRESS)	ON 128. USUAL OCCUPATION (1YPE OF WORK FOR MOSTOF WORKING	126. KIND OF BUSINESS OR INDUSTRY
5	124.5	W.	135. COUNTY	HER INSTITUTION GIV RESIDENCE BI	YES NO	000/2	ECHNE STOOL
C	1	ATHER'S NAME	Lalas	ou Holins	15. MOTHER'S MAJE	DEN NAME MIDDLE	Grafasi
-	Ján V	VAS DECEASED	EVER IN LES ARME	D FORCES? 166 SOCIALS	ECURITY NO. 17, INFORMANT	e Holimas-600/2	Grusse St.
		18 CAUSE OF PART I. DEA	DEATH (Enter only ATH WAS CAUSED) MMEDIATE		tic Carcinoma	of the Lung	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YEAKS
		Conditions, if gave rise to come (a), underlying	stating the	DUE TO, OR AS A CONSE	robable rneum	ema	DAYS MONTHS
	NOIL		Mark Town			he terminal disease or condition (
2	CERTIFICATION	IN DATE OF O			HICH OPERATION WAS PERFORMED	YES NO NO NO IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YESNO
7	100,000	ОК СОМЯВВЛТИИ	AS UNDERLYING [] O [] CAUSE OF DEATH TEMESICAL EXAMINES	216 TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM	TS PART I OR PART 2)
1	MEDICAL	214 INJURY OF	CCURRED	ZIE PLACE OF INJURY LATHONE STREET, FACTORY, OFF	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
			eceosed alive on	ottended the deceased from DEC. 20	0/	86 , to Dec. 20 opinion deoth occurred on the date and the	, 17, that (if we did
		n	- W D	rold	ATTENT PHYSIC 22e ADDRESS		12/20/86
		Nevi	ns W.	Todd N.D.	301 8	4. Paul Place 8	Paltimer MD21282
	ME	Sur . W	DN, REMOVAL	17/23/86	C. NAME OF CEMETERY OF CREMA	TORY 23d LOCATION CONTRACTOR TO THE CONTRACTOR T	CODITY STATE
	24 FL	UNERAL DIRECT	OR PCa	ADDRE ADDRE		250. DATE REC'D. BY REGISTRAR 256 REG	SISTRAR'S SIGNATURE
		now	v. Chris	MX 1 116-14	LI MALA BARL		Dendern Randale

DHMH - 16 60M 7/84

MPORTANT If Nem 21 is marked or Nem 18 shows any injury, or ather tra

(VRA 15, 4)

TO HOSPITAL



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ó	O		w.	-
	DEC	NO		

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	O				
8		CEASED NAME FIRST	MIDDLE	(AST	20. DATE OF DEATH	нтиом	DAY YE	EAR	2h HOUR	_
	Tire	Calvin	P.	Ho	lmes		2	27 9	86	10:45 A	IM
	J. SEX	X ,	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIR	(PACH)	IF UNDER 1		IF UNDER 24 HR	
		Male	Black	MONTH	DAY YEAR	23	YRS.	MONTHS	DAYS	HOURS MIN	4.
r		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(? 8. MARRIE		9. BALTIMORE CITY O		Y OF DEA	гн		
ל		Marrland	U.S.A.	WIDOWE		Balti	MOVI	e cit	4	٨	MD.
3	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		OR OTHER INSTITUTION	12a USUAL OCCUPATI				BUSINESS C	_
9	1	3altimore	University of	Ud. H	ospital	Unemploye	//	11400	SIKI		
1	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COF	E .			_
2	711	Md.	The second secon	nove	YES NO	1723 LOW	1 mos	15t.	2	1223	
-	14. FA	ATHER'S NAME	MIDDLE JAST	11.0	15. MOTHER'S MAIDEN NAM	ME MIDDLE		100	LAST		
1	1	hillips 2	E. Holm	05	Patricia	A				ore	
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDRE	SS				
		(11 123, 511	216.72-4	1498	Inpatient Regi	stration.	Rece	ord.			
1			nly ane cause per line far (a), (b), o	and (c).)	/			BET	PPROXIM	MATE INTERVAL	н
1		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) Senti	c Sho	ock.						
1			DUE TO, OR AS A CONSEO	UENCE OF	2 1 1	,			-	51	
		Conditions, if ony, which	(16) Hortic		Mitralva	ilve end	ocas	12-	75-	(les	
1		gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEO	UENCE OF	ditis.			12	-27	-86	
		underlying cause last.	(c)							2	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PA	RT Ira	-	- 1
4	CERTIFICATION										
2	HCA	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	S, WERE F IFYING CA	USES (GS USED OF DEATH?	
è	SRTI	at according the property of the	The of himse		Tal How himsey o course	YES NO V		ES 🗌		NO 🗌	
Ş		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18	PART I OR PA	RT 2)		
H	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19							_
	MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUN	ŤΥ	STATE	
		Al WORK		10 07				97			
		saw the deceased plive on	ital) attended the deceased fram	20-1	19 🖫 💮			, 19 00		hat (I) (we) lo	st
		abave, (1) (we) (did) (did na	it) view the bady after death.		nd that in (my) (aur) opinian o	aeath accurred an the ac	te and ho				
		22b. SIGNATURE		11	DEGREE ATTENDING	MEDICAL STAI	F /	1		77.86	
-		224 PHYSICIAN'S MAME (1945)	egenera M	0.	PHYSICIAN [DIRECTOR PHYSIC			4	1.80	
1		4 1//~ /	1		The ADDRESS	of Md. Hos	pita	1 Ba	Iti	more N	200
-	00.0	A-LY Jelqu			John Vels. 07	1					=
	23a. B	SURIAL, CREMATION, REMOVAL	12-30-86 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	.00	LOUNTA	0.1	STATE	
1	24 EI	JNERAL DIRECTOR	00 00 1	1111	IZSO, DATE	DH UIM	XE,	1117	ey	CAND	-
	00	PARAL DIRECTOR	EU 1012 ADDRESS	Rall	100 DAIL	E REC'D. BY REGISTRAR	256 REGIS	TRAK'S SIC	MAIU	INE	
	DX	DUNITION SON	111, 1/12 W.	MALI	MOKE S/I UE	000 300	- Anna	SO CALARY	W- K.	warme.	,

1913 W. BALTIMORE ST.

DHMH - 16 60M 7/84 (VRA 15, 4)

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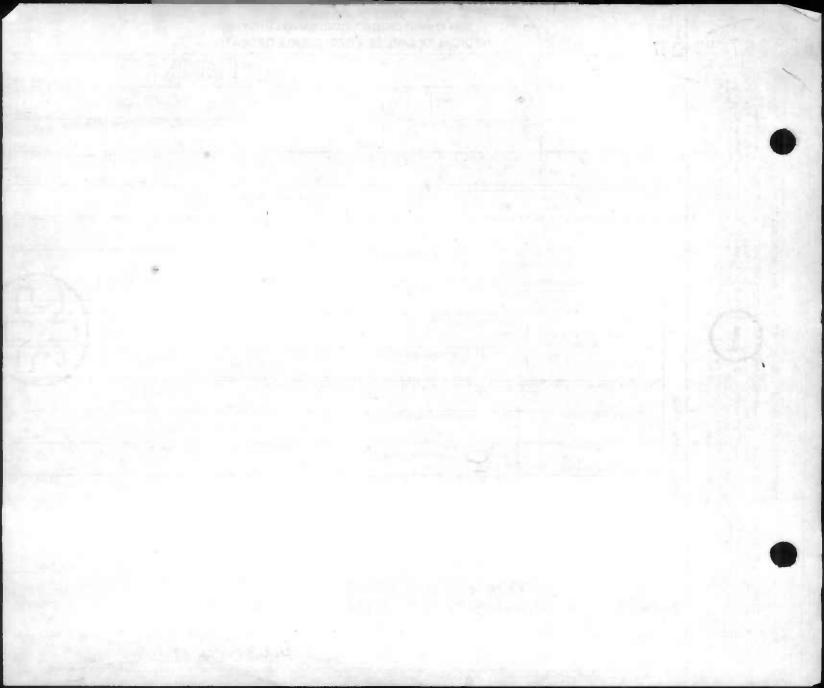
TO FUNERAL DIRECTOR, After this should be detached for use or the built the State Dept. of Health and At

Security and the second

Company of the state of the sta

97 JAN	21	GISTRAR		/87,_ Gb	AEDICAL	EXAMIN	IER'S'C	ERTIFICAT	E OF DE	ATH O	REG. NO	5 4) ¿	: 4
		EASED NAME ORPRINTS	Floyd	a E	A.			olmes,	Jr.	Or Or	WATED [DAY YEAR 25 19 86	
S S S S S S S S S S S S S S S S S S S	Vi a	le	A. RACE Black	5. DATE OF BIR MORNTH CO. 11 1 1	5 9		RS. MONTH	S OAYS HOU		PRONOUN DEAD		MONTH 12-2	OAY YEAR	6:1 6:1 6 a.
W WITH		Y OR TOWN		USA	1		WIDOW	ED NEVER A ED DI ER INSTITUTION	VORCED	Balt	imore	City,	KIND OF B	NSINESS
E842		Baltimo		(IF NOT IN SUC	nai Ho	spital			FOR	abore	KING LIFE)		OR INDUS	up Co
BRY!	3a S1	Md.	13b COUN		113c CI1	to.			□ 34		aton	Aven	ue i	2121
2300	F	: 1 o y d		A.	Holm			Edith	1	E MI	IDDLE	Pit	ts	
1	(YE	5, NO, OR UNKNO	DEVER IN U.S. ARI	WAR OR GATES]	212	2 - 80 - 2		Edith		es	ADDRESS 3908	Norf	o 1 k	Ave.
AND WAYTAL HYGENE ATION, OR REMOVAL		Condition gave ris cause (a) lying cau	is, if any, which e to immediate stating the <u>under</u> -	(b)	OR AS A CO	NSEQUENCE	OF OF			(hand	gun)		BETWEEN ONS	ET AND SEAT
OF HEALTH A	CERTIFICATION	19a. DATE OF						AS PERFORMED?					20. AUTOPSY	
DEPARTMENT OF PRIOR TO BUILD	MEDICAL CERT	UNDERLYING CONTRIBUTION 214 INJURY O		nar HOUR DEATH 3:0		H DAY YEA	Su 211 LOC	bject :)	NO [
AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201			VAME CO	ho	described of	Roye, held on	Alibari	Ol Pato Homicide [TITLE (SPECIF D. ASSIST	Y)	Inquiry termined mo	ltimo and nner	DATE SIGNED_		
428	(SF	Buria		12/30/				m. Pk.	CITY	ocation or town	us ,	Md.		STATE
DHMH - 17 "	24. FU	NERAL DIRECT	March F	/ H H ADD	RESS 1 2	00 Na	back	A v () 250. G	DEC 3	Y REGISTRAI	R 25b REGIS	TRAR'S SIGI	NATURE	

#169, 215.-200, G-623, DM MED STATE OF MARYLAND



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If Item 21

MPORTANT:

027514 DEC

I DECEASED NAME (TYPE OR PRINT)

cidose (IRVING)

	5	TA	TE	01	M	ARYI	AND	
DEPARTMI	NT	OF	HE	AL	.TH	AND	MENTAL	HYGIENE
	CEL	TI	FI	CI	TE	OF	DEATH	

20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 189 MONTHS DAYS HOURS MIN. 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 199 MONTHS DAYS HOURS MIN. 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 24 HIS MONTHS DAYS HOURS MIN. 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 39 MIN. 20. DATE OF DAY YEAR 25 HOUR 39 MIN. 20. DATE OF DAY YEAR 25 HOUR 39 MIN. 20. DATE OF DAY YEAR 25 HOUR 39 MIN. 20. DATE OF DAY YEAR 25 HOUR 39 MIN. 20. DATE OF DAY YEAR 25 HOUR 39 MIN. 20. DATE OF DAY YEAR 25 HOUR 39 MIN. 20. DATE OF DAY YEAR 25 HOUR 39 MIN. 20. DATE OF DAY YEAR 25 HOUR 39 MIN. 20. DATE OF DAY YEAR 25 HOUR 39 MIN. 20. DATE OF DAY YEAR 25 HOUR 39 MIN. 20. DA	EATH	REG. NO.			
AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 83 YRS. PAINTED 9 BALTIMORE CITY OR COUNTY OF DEATH	26		DAY	_	26 HOUR
WARRIED DAT TIMODE CITY	YEAR	03	MON		
					MD.
170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) VICE PRES. 128. KIND OF BUSINESS OR INDUSTRY A. SAGNER & SC	NOITUTION	(TYPE OF WORK FOR MOST OF WORKING	LIFE)		
ITY LIMITS? 13*STREET ADDRESS / ZIP CODE 5905 ROBINDALE RD. #21228	ITY LIMITS?	130 STREET ADDRESS / ZIP CO 5905 ROBINDALI	DE E R	D. #	21228
S MAIDEN NAME FIRST MIDDLE WINAKÜR	FIRST		N	INAKÛ	k
NI MRS. SYLVIA APAFFERMAN SANZO RD. BALTO.,MD 21209					
PROMAL EXPLESION BETWEEN ONSET AND DEATH	Polos	ual effusio	~	BETWEEN (MATE INTERVAL DNSET AND DEATH
mphoma.	mphe	ma.			
A YOU THE TERMINAN DISEASE OF CONDITION CHEMINIST AND A					

3. SEX 4. RACE ALE AUG. WHITE BIRTHPLACE | STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER WIDOWEDFXX USA MARYLAND CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INS (IF NOT IN SUCH FACIEITY, GIVE STREET ADDRESS) ST.AGNES HOSPITAL BALTTMORE SUAL RESIDENCE (IF NURSING GIVE RESIDENCE BEFORE ADMISSION) OME OR OTHER INSTITUTION COUNTY 13c. CITY OR TOWN 13d INSIDE C BALTIMORE CATONSVILLE YES X MARYLAND 14. FATHER'S NAME 15 MOTHER MIDDLE HONIKBERG MICHAEL WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORM (YES, NO OR UNKNOWN) HEYES, GIVE WAR OR DATEST 6640 212-03-7777 NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c.) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION 206. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY CITY OR TOWN COUNTY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED CUMMONG ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS SONA 4 WONG 5 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

should be detach

FUNERAL DIRECTOR:

HOSPITAL

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

BURTAL

6010 REISTERSTOWN RD.

DEC.10,1986

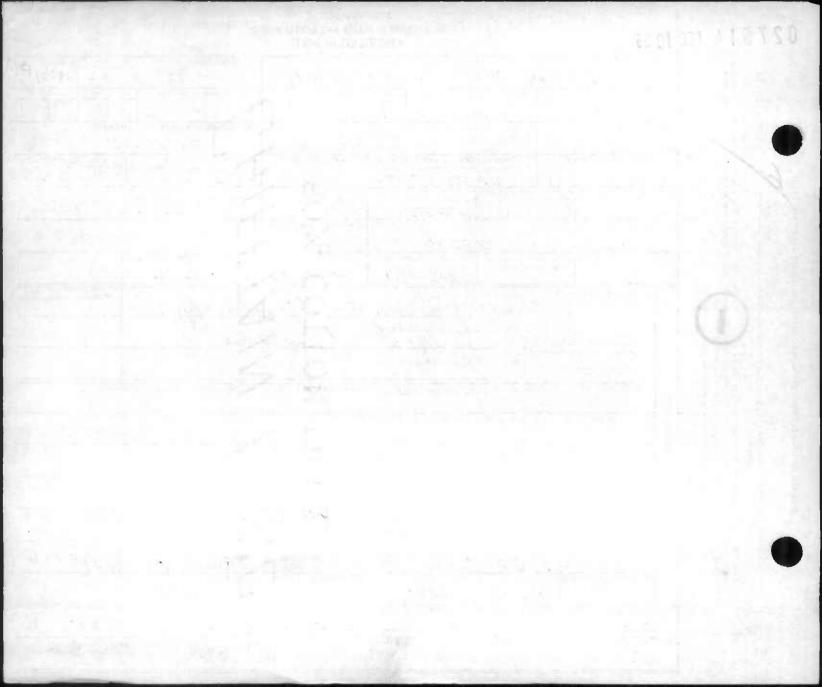
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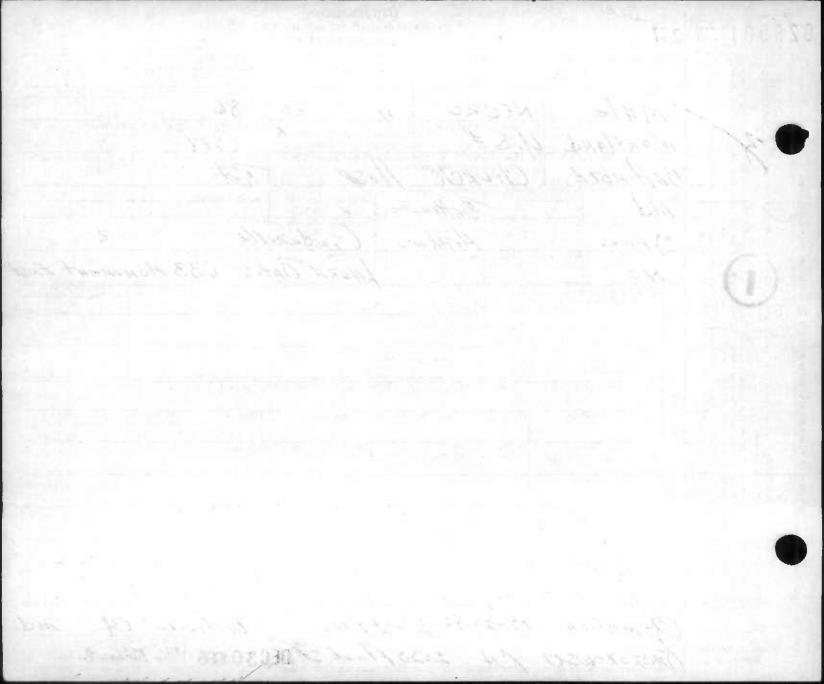
21215

MARRIOTTSVILLE HOWARD STATED

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR SIGNATURE



e 17.6		CEASED NAME FIRST OR PRINT) ROBERT	MIDDLE	LAST HOPKINS	REG. NO. 20. DATE OF DEATH MODECEMBER	
a may b er, page other dea	1.56)		RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	·
2835	Tn. 88	THPLACE (STATEOR FOREIGN 76.	NEGRO CITYEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
133	HO B	YOR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	IG HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION	
24 hours		L'RESIDENCE (IF NURSING HOME OR OTH TATE 13b COUNTY	WOLAG ALC	ADMISSION) N 13d. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS, / Z	164 1 1 1
de la company de	14. FA	THER'S NAME MID	/	15 MOTHER'S MAIDEN NA FIRST MORRA FIRST M	//. MIDDLE	Z IAST
		AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W		RITY NO. 17 INFORMANT BA	tes 633	MONUMENT L
		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	ane cause per line for (a), (b), and BY: CAUSE (a) METASTAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DE
nding conhort, or ren		IMMEDIATE	DUE TO, OR AS A CONSEQUE		148.11	
the dec		Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF		
uires tha signed by sen pleas o burnal. uny, or a	N		((c)NDITIONS CONTRIBUTING TO [DEATH BUT NOT RELATED TO THE TERM	minal disease or condit	ION GIVEN IN PART 110
on her tay red been by permit 1) been permit 1) been been been been been been been bee	CERTIFICATION	INE DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 2	06. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
	100000	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJURY II	NITEM 18 PART 1 OR PART ?]
Ctan, T g physic genticate inchromi real tyg em 18 th		(IF EITHER NOTIFY MEDICAL EXAMINER)				
of Persician, 1 offending physic for this certificate is the busici-from is and Mental Hyg rket or ten 18 th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE
TENDING PHYSICIAN aptol or otherwing physic ITOR, After this certificate for use of the buried from all Health and Mental Hyg 21 is marked or tern 18 th	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) this hospital tow the deceased alive on D	716 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F ettended the deceased from ECEMBER 26.19	ARM, ETC) STREET	DECEMBEI	26 ₁₉ 86 that (F (we)
A) OR ATENDING PRYSECIA A) DIRECTOR: After this certification of the burieful bracked for use of the burieful of Dept. of Health and Mental II. If them 23 is marked as them.	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 1 27a. I certify that (I) I fins hospital	21e PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE, F ETCHMER 26 19 Livew the body after death.	ARM, ETC) STREET ECEMBER 12, 119 86	DECEMBEI	and have and from the causes stated
HOSPITAL OR ATTEMBING PHYSICIAM. T coved by the hospital or attending physic D FUNERAL DIRECTOR, After this certificate billid be detached for use of the buriol formal thin Estate Dept. of Health and Mental Hyg PORTANI. If them 21 is marked as them 38 th	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (I) this hospital with deceased alive on Dishave, (I) (we) (did) (id not) v	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F ECEMBER 26 19 view the body after death.	ECEMBER 12, 19 86 86, and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [27e. ADDRESS CHUR	toDECEMBET death accurred on the date	and haur and from the causes stated 27% DATE SIGNED 12/26/86



STATE OF MARYLAND	0
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0
CERTIFICATE OF DEATH	

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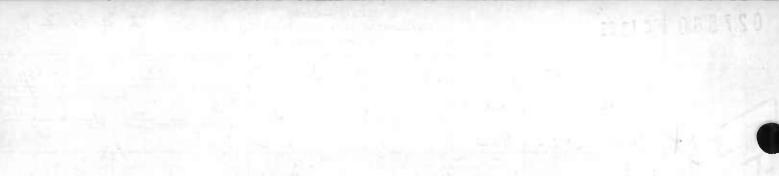
Deviden Bridge

60 6	C	19186 REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 CERTIFICATE OF DEATH REG. NO.							
(TYPE (EASED NAME FIRST	n Wayne	Horris	20 DATE OF DEATH MONTH	13 86 9:30p.				
3.	SEX	Male	ARACE hite	5. DATE OF BIRTH MONTH DAY YEAR 10 /3	6. AGE (IN YEARS LAST BIRTHDAY) 73	MONTHS DAYS HOURS MIN				
70	. 0	THPLACE (STATE OR FOREIGN DUNTRY) D. C.	U.S. A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto Cit					
5	Ba	Y OR JOWN OF DEATH	South Baltin	rue Teneral Aspita	120 USUAL OCCUPATION (Type of work for most of working	126. KIND OF BUSINESS O				
5	30 ST	1D 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE 131, CITY OR TOW Balto.	N 13d. INSIDE CITY LIMITS?		Machinist (Ave.2122)				
0		THER'S NAME FIRST John	MIDDLE HOTT	15. MOTHER'S MAIDEN NA	WIDDIE	Knott				
/	{ 14	AS DECEASED EVER IN U.S. AI	rmed forces? 166 SOCIAL SECU 5790143	NITY NO. 17 INFORMANT Betty	Gruber 382	TOUL GIL AVC.				
		PART I. DEATH WAS CAUSI	nly ane cause per line for (a), (b), and ED BY: TE CAUSE (a) Electro M.		ation	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	sion, sepsis,	T	Eaghag: tis				
	CERTIFICATION	90. DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED				
1		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [LIFETHER NOTIFY MEDICAL EXAMINE		19 216 HOW INJURY OCCUR		YES NO NO B PART 1 OR PART 2)				
Medic	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION	CITY OR TOWN	COUNTY STATE				
		saw the deceased olive or	yew the body after death.	, and that in (my) (aur) opinion DEGREE	deoth accurred an the date and h	22c. DATE SIGNED				
1		CHENG, WA	AI - FUNG	ATTENDING PHYSICIAN [director physician b	12/13/86 Il Aospital				
73		URIAL CREMATION, REMOVAL BURIAL		dame of CEMETERY OR CREMATORY dar Hill Cemete	23d LOCATION Ty Balto. A.	A. Co., Md.				

PR 237 E. Patapsco Ave., Funeral Homes Balto.Md.21225

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR



688 e e oto

led in by the funeral director, page 3 ld be filed within 72 hours after death

deoth. Page 4 may be

certificate be executed

TO FUNERAL DIRECTOR, after this certificate has been up: should be detached for use as the buriof-trainst permit. Then built the Scate Diopt, of Health and Mental Hygiene prior to built the Scate Diopt. If Health and Mental Hygiene prior to built WPORTANT. If them 21 is marked or frem 18 shows any injury.

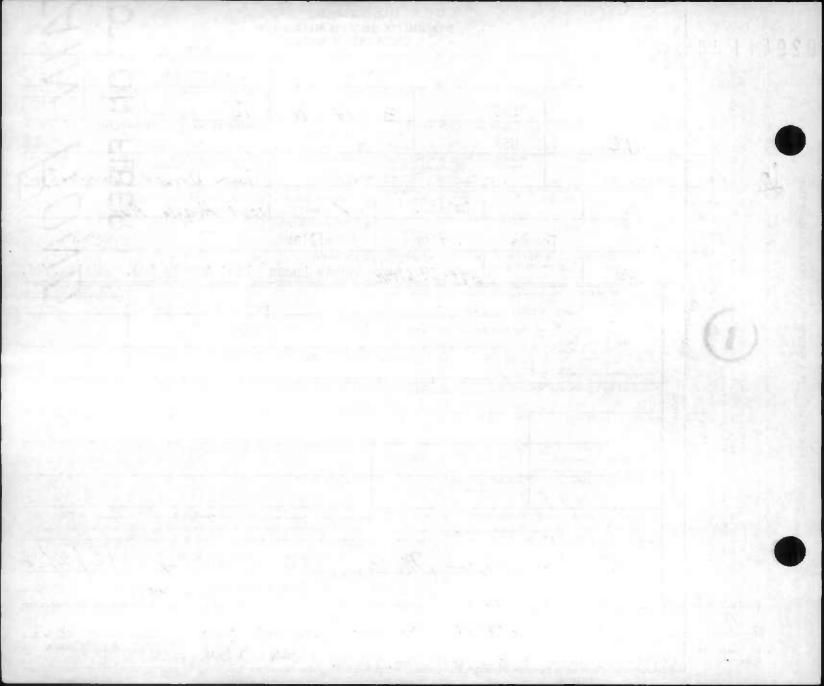
DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARY	LAN
DED ADTACHT OF REALTH AND	44

ND ENT OF REALTH AND MENTAL BYGIENE

Sec.	-7	a d		3	-
0	C.S.	-3	-	1-9	4.5

0.1		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍 😂 🚭 🥞 🥨 🖂 🕬 CERTIFICATE OF DEATH										
	Sir	1. DECEASED NAME EIRST MIDDLE				LAST			20 DATE OF DEATH MONTH DAY YEAR 26				
	(TYPE OR PRINT) Wade					RTON		Decen	nber 30	, 1986	5	7:457	A M
	3. SEX		RACE		5. DATE C			6. AGE (IN YEA	ARS LAST BIRTHD		DERIYEAR	IF UNDER 24 H	
	MALE		BLACK		8	8 14 11		75		YRS.	NIHS DAYS HOURS MIN.		IIN.
70. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY? 8 MARRIED						D NEVER MA	ARRIED -	9. BALTIMOR			DEATH		
1		N.C.	USA		WIDOWE		ORCED		imore	-			MD.
1		altimore	(IF NOT IN SUCH	OSPITAL, NURSIN LEACILITY, GIVE STREET Jland Gen	ADDRESS)			(TYPE OF WORK F	OR MOST OF W	ORKING LIFE)	b. KIND O	BUSINESS	OR
	USU	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION	SIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CIT		13e.STREET_AL			710	7	_
and the		Md.	and the same of	Balto.		YES I	40 🗌	1504	Argy	e Au	0	11	
-			omas	Hortor	1	15. MOTHER'S /		ΛE	WIDDLE		May'n	ard	
		VAS DECEASED EVER IN U.S. ARA		166 SOCIAL SECU	JRITY NO. 17 INFORMAN		Т		ADDRESS				
	()	res, NO OR UNENOWN) (IF YES, GIVE	WAR OR DATES)	244-09-	6149A	Audrey	Lucas	1504	Argyl	e Ave.	Ba	1to.,	Md.
V		18 CAUSE OF DEATH (Enter only	one couse per l	line for (o), (b), one	dic						BETWEEN	MATE INTERVAL	TH
3	94	PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (o)	Esophagea	al car	cinoma,	with	extensi	ive me	tastas.	is.		
11.0			DUE TO, OR	AS A CONSEQUE	NCE OF					3-1			
State	100	Conditions, if ony, which gove rise to immediate (b)											
	5	couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tro											
	NO									ON GIVEN IN	PART Ito		
7	CERTIFICATION	190 DATE OF OPERATION 196 CONDIT		ION FOR WHICH OPERATION WAS PERFORMED		MED	20a AUTOF	SY? 21	b. IF YES, WE	RE FINDIN	GS USED		
	H.						YES NORK YES		G CAUSES OF DEATH?				
7	1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	n	A. MONTH DA	AY YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATU	JRE OF INJURY IN	ITEM IB PART I	OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE O		OF INJURY	211. LOCATION		1						_
	×	WHILE NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OEFICE, F	ARM, ETC)	STREET			CITY OR TOWN		YIMUO	STATE	
		22a.1 certify that (this hospite	al) ottended the	deceased from_	Nove	mber 23	19.86		cember			hotXX(we)	
		sow the deceased alive an above (1) (we) (did) (did) and	view the body of	ofter death			our) opinion d	leath accurred	on the dote				3
		276 SIGNATURE	u ch	0	mil		TENDING _	MEDICAL DIRECTOR	STAFF T PHYSICIAL	-	12 DATE	130/	82
		27d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS											
		Lih-Jiau C	hen, M.					and Ge	neral	Hospit	al		
		BURIAL, CREMATION, REMOVAL	23b. DATE		AME OF C	EMETERY OR CR	EMATORY	23d LOCAT	ION R TOWN	cou	INTY	STATE	E
	24 51	Burial UNERAL DIRECTOR	1-5	01 /	TOYTOR	1Amily	(enoTel	4 HOX	CICTRADIST	DEC ISTD: 5:		N.C	4
		NAME		ADDRESS			JAN	REC'D BY RE	RAN Z	REGISTRAR'S	SIGNAT	REdach	
	W	illiam C. Brown	1206 W	. North	Ave.	Md.	וותע	- 10	0				



20010 1111	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MEAT, ICATE OF DEAT		ENE & 5	3 4	5	2 9
7 0 0 1 0 JUN -5		CEASED NAME FIRST		WIDDLE	ı	AST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
be a ge 3	[I YPE	OR PRINT)	-1	E	Ho	sier		12/26/	86		51054 M
2 00	3. SE	X	RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THOAY) IF UN	IDER 1 YEAR	IF UNDER 24 HRS
s of t		Female	W	ite	MONTH /2	27 16	EAR (XXXX "	75 YRS.	MS DAYS	HOURS MIN.
- 8 42 70 C		RTHPLACE STATE OR FOREIGN	16. CITIZEN OF	WHAT COUNTRY	8.	D NEVER MARRI		9. BALTIMORE CITY	R COUNTY OF	HTASC	
		XXXX Penna	. 0	2		DI NEVER MARKI		Coty	B-17	more	MD.
1/4 9	10. C	ITY OR TOWN OF DEATH			NG HOME C	OR OTHER INSTITUTION		120. USUAL OOCUPAT			BUSINESS OR
· 8 144		B. /Line	(IF NOT INSL	CHEACILITY GIVE STREET	Bal to	. Gen. H	Host	TYPE OF WORK FOR MOST O	WORKING LIFE) I	THE POPULA	ch Pres
24 hours sould to 1	JSU. 13a S	AL RESIDENCE HE NURSING HOME OR STATE 136 COUN	14	N. GIVE RESIDENCE BEFOR 13c. CITY OR TOV Balfi	RE ADMISSION)	13d. INSIDE CITY LIA	MITS?	13. STREET ADDRESS		,2	1225
MARYL ad within	14 F/	ATHER'S NAME FIRST	AIDDLE	Phill:	. 5	15 MOTHER'S MAIL	DENNAM	MIDDLE		LAST	k s
m to 0 0			MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDR	ESS Balto	MA	21225
BALTIMORE,	- (YES, NO OR UNKNOWN) [IF YES, GIVE	WAR OR DATES)	12705	71650	Clarer	nce	Hosier 2	27 Nann		
es that the death clinical by the attention of please removed and, control, crements extraction, con other kingential		Conditions, if any, which gave rise to immediate couse Io), stating the underlying cause lost.	(b)_ DUE TO, (c)_	OR AS A CONSEQUE	JENCE OF	Serps:	\$				
	N	PART 2. OTHER SIGNIFICANT C	CHOILIONS	1 A 11	DEATH BUT		me lekmi	1 -		V PART 110	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r attending physician. Wher this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b acked or tem 18 shows any injury	CERTIFICATION	190. DATE OF OPERATION	196. CON	DITION FOR WHICH	H DPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING		
SICIAN: T ng physici certificate urial-transi ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH D P.M.	DAY YEAR	21c. HOW INJURY	OCCURRI	ED (ENTER NATURE OF IN)L	TRY IN ITEM 18 PART 1	DR PART 2)	
DIVISION DING PHYS or ottendir After this to see the bur of the and Am morked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET		CITY OR TO		COUNTY	STATE
TTEND option or TOR: A for use of Heal		220.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did no	12/2	19_	861.0		opinion d	eath occurred an the d		d fram the c	
TAI OR AT Y the hosp RAI DIREC detoched to note Dept NOT: If View		27b. SIGNATURE	06	I r	D			MEDICAL STA		12 / DATE S	2.6 86
TO HOSPITAL (retained by the TO FUNERAL (should be deto with the State (IMPORTANT); if		22d PHYSICIAN'S NAME TYPE O	PRINT)			77e. ADDRESS	5.	However S	5+		
10 P P P P P P P P P P P P P P P P P P P		BURIAL, CREMATION, REMOVAL	236. DATE		NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION CITY OR TOWN	£ 00	UNTY	STATE

12/29/86

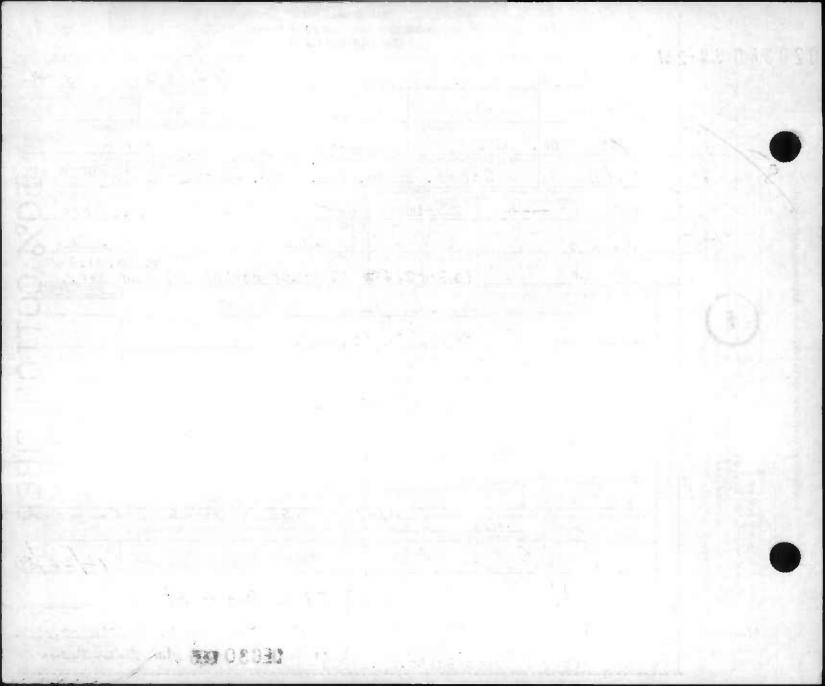
McCully Funeral Homes Balto.Md.21225

Burial

24. FUNERAL DIRECTOR

Gardens of Faith Rosedale, Baltimore, Md, tapsco Ave., DEC 30 935 Luia Dander Roders.

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

37-	STATE REGISTRAR			DEI ARTI		ICATE OF DEATH	ITOILINE ()	REG. NO.	196		
	CEASED NAME	FIRST	N	AIDDLE		AST	20. DATE		-	AY YEAR	26 HOUR
(1.1.1	OR PRINTY)	AVS	T		H	oust		1	12 2	17 86	10:21 A
1. SEX	×	4.	RACE	3	5. DATE (DAY YEAR	6. AGE	IN YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HE HOURS MI
	RTHPLACE (STATE OR F COUNTRY) Md.	OREIGN 7b	CITIZEN OF V	VHAT COUNTRY?	8. MARRIE WIDOWI	- JL	21 /	MORE CITY OR Baltimor	·L	OF DEATH	
В	TY OR TOWN OF DEA Baltimore		(IF NOT IN SUCH	Secours	ADDRESS)	DR OTHER INSTITUTION		AL OCCUPATION WORK FOR MOST OF V			of Business (
	AL RESIDENCE (IF NURS STATE Md.	13b COUNTY		Baltimo:	/N	13d. INSIDE CITY LIMITS	13e.STREI	et ADDRESS / 1 6 Wabasi	ZIP CODE h Ave	. 212	15
14 FA	THER'S NAME FIRST Isaiah	MIE	Turner	LAST		15. MOTHER'S MAIDEN		MIDDLE Smi	th	LAS	ST.
	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		216-18-		Harlod Mou	ılton	3916 Wal	_	Ave.	21215
	18 CAUSE OF DEATI PART I. DEATH W	H (Enter anly AS CAUSED I IMMEDIATE	BY.		Sep	sis				APPROX BETWEEN	ONSET AND DEAT
	Canditions, if any, gave rise to imm	nediate	(b)_	1	anc	realic le	ah			3	o day
	cause (a), statin underlying cause		DUE TO, OF	AS A CONSEOU		eahic C	ance	r		140	days
NOI	PART 2. OTHER SIGN	C	Zespir	WAY	DEATH BUT	NOT RELATED TO THE T		ASE OR CONDI	TION GIVE	N IN PART 1	a ·
CERTIFICATION	DII.	1.26.86	1	Parcre	4-1	N W SPERFORMED				WERE FINDING CAUSES	
10000	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH D	AY YEAR	21c. HOW INJURY OCC	CURRED (ENTE	R NATURE OF INJURY	IN ITEM 18 PA	RT 1 OR PART 21	
MEDICAL	21d. INJURY OCCURE		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC 1	21f. LOCATION STREET	-	CITY OR TOWN	N	COUNTY	STATE
MED		this haspital	(AT HOME, STR	EET, FACTORY, OFFICE, F	9/11		& C, to_	12.	17	, 86	

22b. SIGNATURE

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF

PHYSICIAN 12. 27.86

BUILD . TOHMEY 6

23c. NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 1/5/87

Balto. National

23d LOCATION
CITYOR TOWN
Baltimore,

Md.

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

ORTANT, If hem 21 ould be detached to th the State Dept. of

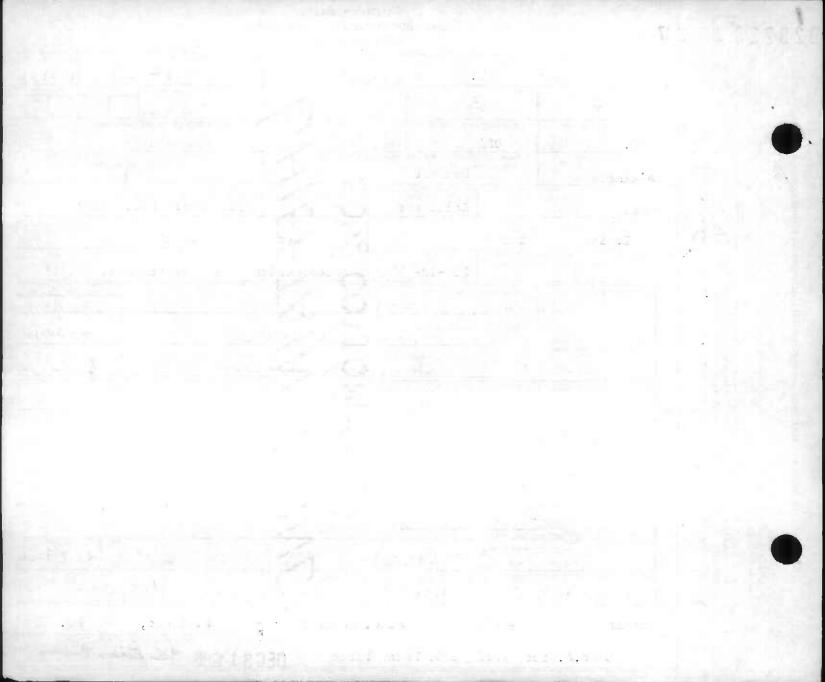
(VRA 15, 4)

Chas.A.Rice FSPA

1300 Eutaw Place

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

OF C 3 1 1086 Julia Davidson Randales



DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	NO
REQ.	IVV.

84-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYO	GIENE 3 ()	, · · · ·	, .5]
	CEASED NAME FIRST	MIDDLE	l	AST	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR_
(TYPE	FANNIE	MAE	House	ELL	/	2 - 25-86	445
3. SE.		4. RACE	S. DATE C		6 AGE (IN YEARS LAST 8	IRTHDAY) IF UNDER 1 YE	AR IF UNDER 24 H
	F	B	MONTH	DAY YEAR	(01	MONTHS	YS HOURS ME
7g. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8.	07 25		YRS. OR COUNTY OF DEATH	
	COUNTRY)	1150	MARRIE	D NEVER MARRIED	BALTIMORE CITY	OK COOKIT OF BEATT	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWE		120 USUAL OCCUPA	CA Y WINE	O OF BUSINESS O
0		(IF NOT IN SUCH FACILITY, GR		OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST		
	ALTIMORE	HIBERTY M	EDICAL	CENTER	Whemple	Jed.	
3a. 3	AL RESIDENCE HE NURSING HOME OF	NIY 13C CITY C		134 INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CODE	4- 212
14. FA	ATHER'S NAME		111110111	15. MOTHER'S MAIDEN NA	1 /0. /0	Calliville 12	7 01/30
1	Dred	Sho is	ast +	A FIRST	WIDDLE	Barre	LAST
	WAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	ADDI	RESS .	15-3
(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 218-	48-2201	Sandra (Junction	9051/2 N.	Calmon
=	18 CAUSE OF DEATH (Enter or		70 000	Detrion C	, ver icri		DVINCATE BUTTERVAL EN CONDET AND DEAT
CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION 196. CONDITION FOR		1	AINAL DISEASE OR COM	NDITION IVEH IN PART	
THE				. The second of	YES NO	IN CERTIFYING CAUS	SES OF DEATH?
AL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART I	?)
WEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY.	OFFICE, FARM ETC)	STREET	CITY OR T	OWN COUNTY	STATE
	220.1 certify that (I) (this haspi	ital) attended the deceased	tram		ta	. 19	_, that (l) (we) l
	saw the deceased alive on		19 ar	nd that in (my) (our) apınıan			
	above, (I) (we) (did) (did no	at) view the bady offer death		DEGREE			TE SIGNED
	L X3	evant,	M.D.		MEDICAL STA		TIE SIGNED
	22d PHYSICIAN'S NAME STYPE O	STEWAK	T, MD	2300 H	arrison	Bh	l.
	BURIAL, CREMATION, REMOVAL	23b. DATE	23/ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	Burial	12/31/86	Mt. Aubu	rn Cem	Baltir		STATE
24 F	UNERAL DIRECTOR			25a DAT		R 256 REGISTRAR'S SIGN	IATURE
	Wm C March F/H	West 4300°	Wabash A	ve NF	C 3 1 1986	110 100	D. 1

led in by the funeral director, page 3

ave.

may be

24 hours of

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the haspital or attending physician.

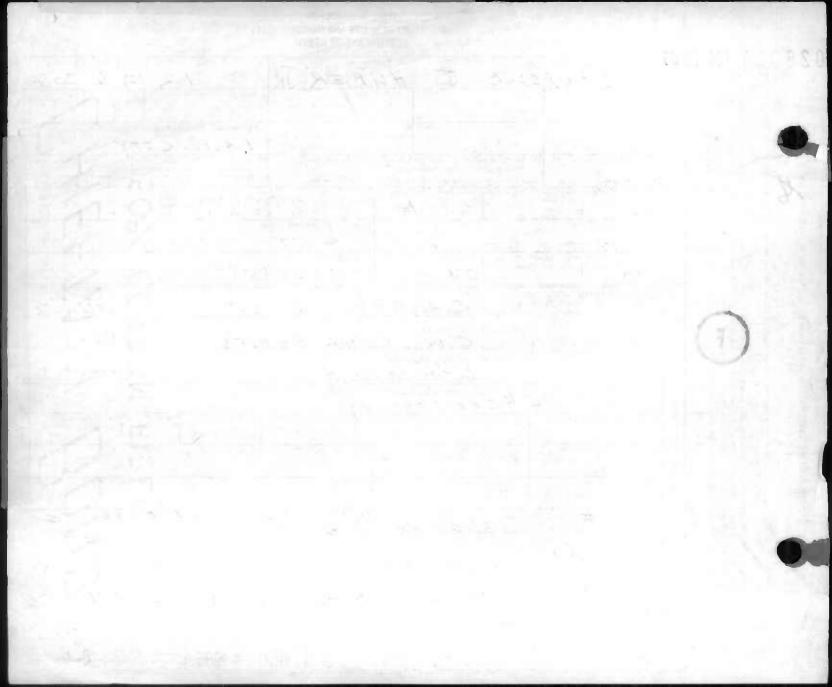
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LLDB							REG. N	O.		
	CEASED NAME L	awrenc	ce '	MIDDLE J.	Hu	ber Jr.	20. DATE OF DEATH		YE AR 2b	HOUR
(1.72	LA	WN	ENCE	J	44	BER IR	/	2/10/	86 =	353
3. SEX	Х	4	1. RACE		5. DATE O		6 AGE (IN YEARS LAST BI	RIHDAY) IF UNDER	1 YEAR IF	UNDER 24 F
100	MALE	V	WHITE		NOV	. 9 1916 YEAR	70	YRS.	DAYS	OURS N
	IRTHPLACE (STATE OR F	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	₩ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNTY OF DEA	ТН	
	MD.		U.S.Z		WIDOWE	D DIVORCED	BALTO.	CITY		
10. CI	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		R OTHER INSTITUTION	120. USUAL OCCUPAT		IND OF BU	JSINESS
	BALTIMORE	F	PANCIS	SCOTT KE		CENTER	SELF-EMPI		PLUME	BING
13a S	ALRESIDENCE (IF NURS STATE	136 COUNT	THER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS?	13a STREET ADDRESS	/ 7IP CODE		
	MD.	and the state of t		BALTIMO		YES X NO	2511 E. MA	DÏSON ST.	2	21205
14. FA	ATHER'S NAME FIRST		NDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	TAGE	1.467	
	LAWRE	NCE J	HUBE	3		ANNA	ELIZABI	TH HAM	MERBA	CHE
	WAS DECEASED EVER		AED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR			
	NO	18 .23, 5112	On OAIE3)	215-05-0	813	JAMES HUBER	(SON) 3326	ELLERSLIE	AVE.	212
	18 CAUSE OF DEAT	H (Enter only	y ane cause per	line far (a), (b), an	d(c·)			a.f	APPROXIMATE I WEEN ONSE	INTÉRVA I AND DE
	PART I. DEATH W	'AS CAUSED	BY: CAUSE (a)	CAI	207	ife Ann	I FST		nies	1
	Canditions, if any, gave rise to imp cause (a), statin underlying cause	nediate g the	DUE TO, OF	R AS A CONSEQUE	ENCE OF	DMA	PSIS	1	104	5
FICATION	gave rise to imm cause (a), statin underlying cause	nediate ig the last. NIFICANT CO	ONDITIONS CO	LYM ENTRIBUTING TO I	ENCE OF PHC DEATH BUT	OMA NOT RELATED TO THE TERM OF STREET	INAL DISEASE OR CON	IDITION GIVEN IN PA	FINDINGS	
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, a



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	2	10 HOSPITAL OR ATTENDENG PRESICIAN. The law requires that the dear contricute he executed within 24 hours offer death, flage 4 may be added by the hospital ac attending physician.	TO FUNESAL DIRECTOR. After the conflictual has been lighted by the entending projection and completely filled in by the funeral director, page 30 who be detached to use on the benight must be must be be provided to use on the benight must be provided removes the state best of the thing the must be build, execution, or entered.	DEC
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		TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician	TO FUNCEAL DIRECTOR: After this certificate hos been signed by the extending physical should be detached for use as the businstraint permit. Then please remove containing the Must the State Dest. of Health and Merital Highers prior to busins, removable to removed.	IMPORTANT If them 21 is marked as them 18 shows any injury, or other traumatic event, the medical exchanner must be hastlifted at ofter
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

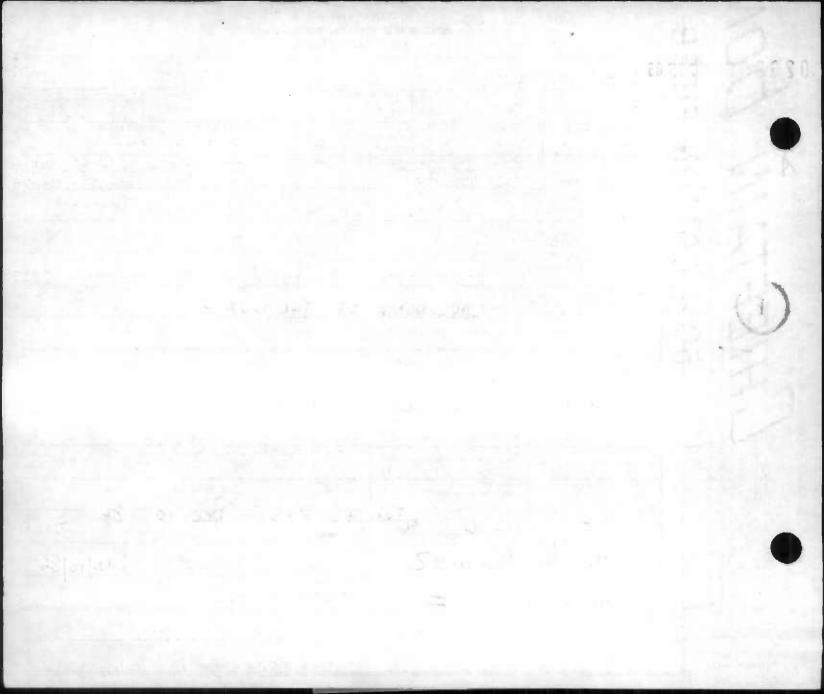
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	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. N	5 4		3 3
,	J-DE	GEASED NAME FIRS	ī	MIDDLE	ı	AST	20 DATE OF DEATH		YEAR 2b	. HOUR
-	OPE	Alfred Hu	ettner				12/10	/86		5:10 ^A ·
	3. SEX	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE			UNDER 24 HRS
		Male	Cauc		1/2	28/15 YEAR	71	YRS		OURS MIN.
3	7a. BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY		ATH	
100	10 (1	Balto., Md		HOSBITAL MILIBSIN	WIDOWE	DR OTHER INSTITUTION		re City	W 20 01 0	MD.
	10. C1	Baltimore	(IF NOT IN SU	ch Facility, Give Street. Juneway		OK OTHER INSTITUTION	120 USUAL OCCUPAT (TYDIWDRK FBUK) Mechani		in lic	. City
100	13a S	AL RESIDENCE (IF NURSING HOSTATE 13b. C	ME OR OTHER INSTITUTION		N	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌	3521 Jun		2121	
530	14 FA	Henry Hue	ttner	LAST		15. MOTHER'S MAIDEN NA Lisette H			LAST	
		VAS DECEASED EVER IN U.		16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	()	yes, no or unknown) (if yi	ES GIVE WAR OR DATES)	216-05-	0334	Helen Hue	ttner, 35			21213
			AUSED BY: EDIATE CAUSE (0) DUE TO, C	Ine for to 1, tb , one CARCIN	amo	OF THE	LUNG		APPROXIMAT TWEEN ONSE	E INTERVAL ET AND DEATH
A	z	Conditions, if ony, whice gove rise to immediat couse (a), stating the underlying couse los	DUE TO, C			NOT RELATED TO THE TERM		adition given in p	'ART 110	
_	일	Mae		M SHOW	CHU	T MISE ASC				
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSÝ?	20b. IF YES, WERE IN CERTIFYING C YES	AUSES OF	DEATH?
7	MEDICAL CER	21g ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXA	DE DEATH HOUR A		YEAR	21¢ HOW INJURY OCCURI			PART 2)	
	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	OWN COU	INTY	STATE
		220.1 certify that (I) (this law the deceased always (did) (d	re on VEC-	(0 19		nd that in (my) (our) opinion	, to death occurred on the d	date and hour and fr	om the cou	
		226 SIGNATURE	9	July 2		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	AFF	DATE SIG	INED S
		Dr. MANCA		ende		5820 Yor	k Road			
17	23a. B	BURIAL, CREMATION, REMO	OVAL 236. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	,,,,,,,,		
		Specify Burial	12/	11/86 P	arkw	ood Cemeter	v Balto	Md.		STATE
	24 FU	Schimunek					EREC'D. BY REGISTRAR	256. REGISTRAR'S S	IGNATURE	
	_	3331 Brek	uus Lane	- Dalto.	PIVICIA	61413	C 1 1 1006	Time Acad	7)	1.00



9 DEC	15	FOR STATE DIGISTRAR	DEPARTMENT OF F	E OF MARYLAND HEALTH AND MENTAL HYG HICATE OF DEATH	IENE 8 6	3 4 5 3 4
		1- Lester	RACE LA DATE		B. DATE OF DEATH HO	2 8 86 11:516 2 8 86 11:516 AT 1 0 5000 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0
70		MITTER COLLINS TO THE	Black CITIZEN OF WHAT COUNTRY? WIDOW	D NEVER MARRIED	Balto	YRS.
%	Lisu	Balto. AL RESIDENCE IN MURICIPO HONO TO THE STATE		edita (enter	17s. USUAL OCCUPATION (TYPE OF WORLDON HOSE OF W DIS ASSIC	A POUSTRY
.₹5 Rb0		Mo ATHERS NAME Bryant	Balto.	YES B NO D	J. L. Deast	15 1, 0 1
a Delico		WAS DECEASED EVER IN U.S. ARME		Mary Fall	ADDRESS 183	2 E. 29th ST.
ol, crematin, d'inflorati cother travatik eres i		IB CAUSE OF DEATH Enter only of PART L DEATH WAS CAUSED B IMMEDIATE Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	VI II A	Asperation Phyle Care	mest-	Acordens
prior to bury, a	CATION	PART 7: OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT	The state of the s	70e AUTOPSY7 2	ta. IF YES, WERE FINDINGS USED
am 18 shows	CAL CERTIFICATION	ZIE ACCEENT WAS INSERTING OR CONTRIBUTION OF CAUSE OF DEATH IF EITHER NOTET INDICAL FRANKERS	716-TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	714. HOW INJURY OCCURR	YES NO	N CERTIFYING CAUSES OF DEATHT YES NO NO NO
h ond Me	MEDICAL	214 PHJURY OCCURRED	71s. PLACE OF INJUSY (AT HOME STREET, FACTORY, OFFICE PARK, ETC.)	ZH LOCATION	city as tower	COUNTY STATE

22th I certify that (1) (this haspital) attended the decement from saw the deceased alive on above. (I) (we) (did) (did not) him the body after death. 77E SIGNATURE DEGREE THE DATE SIGNED PHYSICIAN MEDICAL STAFF

RUBEN REID MD

27e ADDRESS

33e. BURIAL CREMATION, REMOVAL

73h DATE 12 13-86 TIC NAME OF CEMETERY OR CREMATORY EASTVIEW CEM.

BALEO.

74. FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

PORTANT, If them 21 is m

1101 E FUNERAL HOME

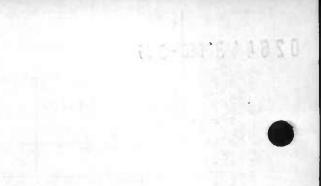
NORTH AVE

BY REGISTRAR ISK REGISTRAR'S SIGNATURE

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	0007 [REGISTRAR		M	EDICAL	EXAMIN	ER'S C	ERTIFIC	ATE OF	DEATH	REG.	NO.	->	-
			CEASED NAM	E FIRST		MIDDLE		i	AST			E KNOWN	MONTH	DAY YEAR	26 HOUR
	ET SS SE	1	CORPRINT	Mary		E.		Hu	ahes		OF DEAT	ESTI-	X 12-2	1986	,
	REGER	3. SEX		4. RACE	5. DATE OF BIRT		6. AGE (IN YEA			F UNDER 24	4 HRS. 2c DA	TE	MÖNTH	DAY YEAR	2d HOUI
	KRY, PLEASE DIRECTOR. OUR FILES. TO HOURS ON STREET,	F	emale	White	Dec. 5	06	79 YR	· MOHIT	DAYS	HOURS /	MIN PRONC	AD	12-2	1,86	7:45 P. A
-	22 1 1 2 1		RTHPLACE (S	TATE OR	76. CITIZEN OF		VTRY?	8. MARRIE	D NEVI	FR MARRIET	X 9 BALT	IMORE CIT	Y OR COUNTY	OF DEATH	
		4	arylan	£	USA			WIDOW		DIVORCED	□ Ba	ltimor	ce City,		ME
2			altimo			FACILITY, GIVES	IRSING HOME STREET ADDRESS!				To USUAL OCC FOR MOST OF V Seams tr	VORKING LIFE)		OR INDUSTI Clothin	RY
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- 5	ME AFTER WITH FOR WITH FOR DIVISION		O OR UNKNO	(IF YES, GIVE	WAR OR DATES}	215-	-01-590	6	Josep	h F. I	Hughes.	1605	Tredega	r Aven	ue
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STO	A POLY					OR AS A CON	NSEQUENCE C)F							-
<u>er</u>	WITHIN 24 I NCIL IN ITE/ NINER ALON RANSIT PER VIAL HYGIEI OR REMOVA			ns, if any, which se ta immediate											
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	EXAMINER: CERTIFICATE JUD BE FOR DIRECTOR: WITH THE !		death result	ed ram: Natu	ral causes X	1 record		eight.	Homicio	de .	Undetermined],		
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	CAL EXA THE CER SHOULD ERAL DIR EATH, WI		SIGNATURE.	lle	eles X	/X/L	4100	elle	Assi	stant	MEDICAL EX	AMINER	DATE SIGNED.	12-3-	-86
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	1	EXAMINER'S	NIAME -			1							03003	
	TO MEDICAL EXAMINER: TH EXECUTE THE CERTIFICATE, W PAGE A SHOULD BE FORWA TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BAFTIRMORE, MARYLAND, 21:		(TYPE OR PRI	NT) Deni	nis F. Sm				IDDKE33				o., Md.	21201	
	PATO PAGE	23a.B	JRIAL, CREMA	TION, REMOVAL	236 DATE	23c. I	NAME OF CEA	AETERY OR	CREMATOR	RY	23d. LOCATION		COUNTY	ST	TATE
07/84	BP			rial	12/6/86	N∈	w CAth				Baltim			Mar	yland
25M	DHMH - 17		NERAL DIREC		ADDRE			229		DATE RE			GISTRAR'S SIG		
	(VR A15 ME (5))	H	ibbard I	Tuneral H	Home, Inc	., 410	07 Wilk	ens A	We.	UEU	5 198	0 1	ia Divida	n. Park	est.

P. COLLON TUBER

		FOR STATE		STATE OF MARYLAND NT OF HEALTH AND MENTAL	HYGIENE 6 3	4 5 3 6
026112:00		REGISTRAR	MEDICAL EXA		OF DEATH REG. NO.	
UZD443 DEU	1-DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN K MO	ONTH DAY YEAR 26 HOUR
ASE CIRS.		Wilt		Humbert	DEATH MATED	12 6 1986 N
RY, PLEASE DIRECTOR OUR FILES. ON STREET	M. SEX			GE (IN YEARS IF UNDER 1 YR. IF UND IST BIRTHDAY) MONTHS DAYS HOURS 13 YRS.	MIN. PRONOUNCED	12 6 186 2AM M
NECESSARY, PLEASE LUNERAL DIRECTOR. FORWARD TO RELES. WARPIN 72 HOURS W. PRESTON STREET,	6RI	RTHPLACE (STATE OR REIGN COUNTRY) BENSVIlle, S.C.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAI	RCED Baltimore C:	ity MD
PAGE	Ba	ty or town of death ltimore	St. Agnes Hosp	ital	120. USUAL OCCUPATION (TYPE OF W	DRY CLEARER OF
_ Un=04 -	130 5	laryland 136. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR TY 13c, CITY OR T	YES NO	7511 Louden 8	ANE 21229
BALTIMORE, MD. 2120) IS AFTER DEATH, IF ANY GIVE PAGES 1, 2, AND TITH FOWN PM T, BETA PAGES (AND ESHOUL) THISTONIC WINT RECO	W	THER'SNAME THON		15. MOTHER'S MAI	MIDDLE	LAST
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#3484C	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME, 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STABLIMORE, MARYLAND, 2			e of the remains described above, he of couses X, Accident Accident	eld an Autapsy , Inspect, Suicide , Hamicide TITLE (SPECIFY) M.D. Assista:	Undetermined manner ,	my apınian DATE SIGNED 12/6/86
O MEDIC XECUTE AGE 4 S O FUNEI ALTIMOI		(TIPE OR FRINT)	rgarita A. Korel	ADDRESS	Penn St. Bai	lto.MD.
07/84 BP	(5	URIAL CREMATION, REMOVAL 2 PECIF UNERAL DIRECTOR	36 DATE 12-10-86 KIN	G Memorial	Balt	COUNTY MUSTATE
DHMH - 17 (VR A15 ME (5))	1	NAME AND ANDTON	ADDRESS ADDRESS	were St OE	E PEOD BY REGISTRA	AK S SIGNATURE





STATE OF MARYLAND

8	PG.	NO.	3	4	. 5	3	-
TE OF	DÉATH	MONTH		DAY	YEAR	26. HOUR	

250 DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

027844 DEC	2B	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 PG. NO. 3	4 3 3 /
oy be oge 3 death		CEASED NAME FIRST	A MIDDLE	HUNTER	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 9:450 M
ge 4 may rector . po	3. SE	* Female	Black	5. DATE OF BIRTH MONTH DAY YEAR O 2 14 18	6 AGE (IN YEARS LAST BIRTHDAY) 6 8 YRS.	1F UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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by the f		Sal tomure	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE UNIVERSITY of T	ling HOME OR OTHER INSTITUTION HELPOPRESSELTED LASPITAL	(TYPE OF WORK FOR MEST OF WORKING LIF	176 KIND OF BUSINESS OR INDUSTRY
AND 21	-	Marfard Bulg	13c. CITY OR TO	YES NO [130 STREET ADDRESS / ZIP CODE	
The Contract of the Contract o)	Charles_	MIDDLE LAST Sm. +	15. MOTHER'S MAIDEN N EIRST FANNE	MIDDLE	LAST
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TON ST., BAI buth certificate anding physic or carbonpope n, or remaval. motic event, th		PART I. DEATH WAS CAUSE IMMEDIAT	DUE TO, OR AS A CONSEC	or arest priceded	by gradual remains	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Al RECC	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHIC		YES NO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
JOF VIT		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
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ATTENDIR spate or CTOR: Ad Mor use of Healt		sow the deceased alive an above, (I) (we) (did) (did no	tal) attended the deceased from P-16 19 19 19		n death occurred on the date and hou	
TAL OR , y the ho RAL DIRE detached to the Dept of the Control of		276. SIGNATURE			MEDICAL STAFF DIRECTOR PHYSICIAN	12-16-86
O HOSPII TO FUNER should be with the St MAPORTAN		V. MOSSM		Unives to	Hospital putting	S. buen St.
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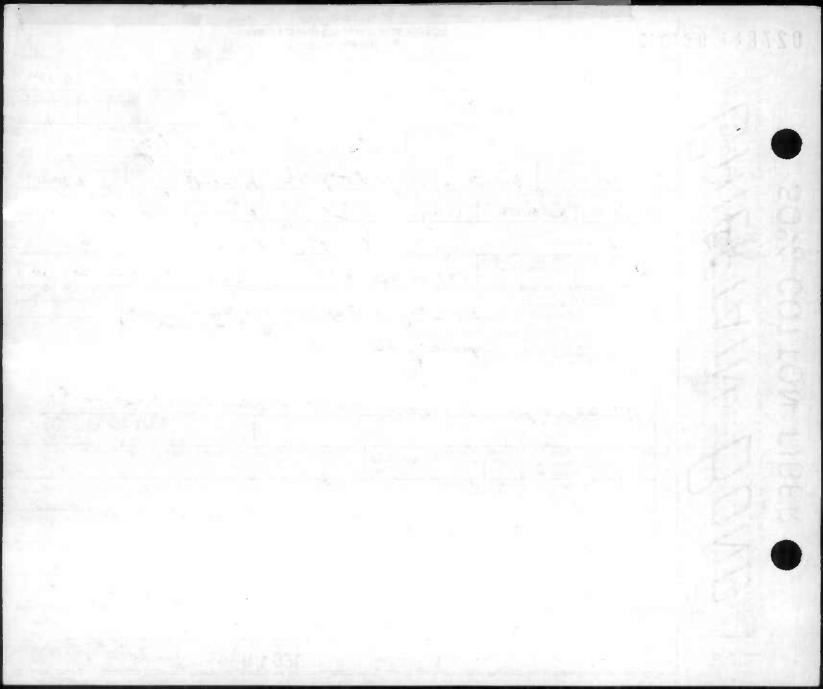
E. NORTH

FUNERAL HOME 1101

DHMH - 16 60M 7/84

BP

24 FUNERAL DIRECTOR MARCH (VRA 15, 4)



COUNTY STATE and in my apinian 11/14/86 Margarita A. Korell. (TYPE OR PRINT) M.D. Penn St 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c NAME OF CEMETERY OR CREMATORY COUNTY Baltimore Md . Burial 24 FUNERAL DIRECTOR NOV 1 7 1986 756 REGISTRAR'S SIGNATURE McCulloh St Chatman-Marris Funeral Mome

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

LAST

20 AUTOPSY?

YES Y

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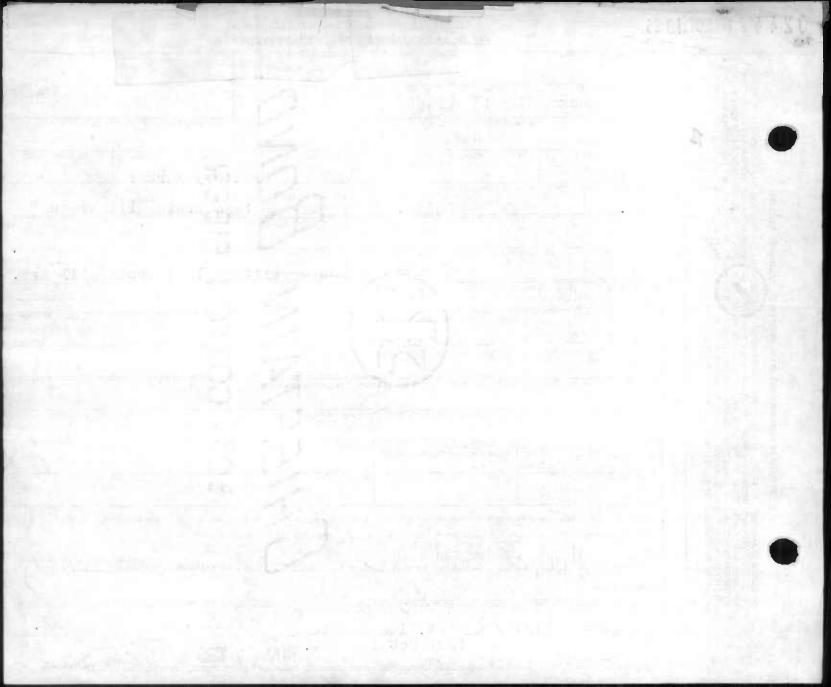
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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-1		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	Ο.			
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	3. SEX F			race W		5. DATE O	29, DAY 1895	9		YRS	UNDER I YEAR	IF UNDER HOURS	24 HRS MIN,
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100		AL RESIDENCE (IF NURSI STATE Md.	13b. COUNT		Baltimos		13d: INSIDE CITY LIMITS? YES 🖄 NO 🗌		ADDRESS / 09 Ho]	zip code Llen Ro	ad	2123	39
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7	CERTIFICATION	190 DATE OF OPERAT	ION	196. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?		WERE FIND (I ING CAUSES		H?
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		72b. SIGNATOR	Idid not	Perser	y olter death.		DEGREE ATTENDING		STAF	FF	22c. DATE 12/2		Ted 5
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		BURIAL, CREMATION, Efficientment	REMOVAL	12/2	9/86		ine Mausoleu			more, M	Marin M	5	FATE
	24 FL	JNERAL DIRECTOR					25a. D	ATE REC'D. BY	REGISTRAR	256 REGISTRA	AR'S SIGNA	TURE	

6500 York Rd.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MITCHELL-WIEDEFELD HOME, INC.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal.

IMPORTANT: If Hem 21 is morked ar Hem 18 shaws any injury, ar ather traumatic event, the

11 11 li de la la la Avol outsing tel THE SECTION OF THE PROPERTY OF The state of the s DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYC

20. D	ATE O	FDEATH	HTMOM	DAY	YEAR	2b. HO	UR
		REG. N	10				
IENE	3	Ó	3	-		24	J

REGISTRAR		CENTILICATE OF DE	REG.	NO		
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. H	OUR
Paulma	RACE S DATE OF BIRTH S DA					
3. SEX	I. RACE					-
Lomalo	COULDASAGA	MONTH DAY			S. DATS HOUR	MIN.
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MARY AND		WIDOWED DIVO	DRCED Balting			
Baltimore	(IF NOT IN SUCH FACILITY, GIVE STRE	erradoress) of Bal	(TYPE OF WORK FOR MOS	TION TOE WORKING LIFE) IN	AT HO	
USUAL RESIDENCE (IF NURSING HOME OR C	13t. CITY OR TO	NONE YES TO N	10 Land Scrip	() . 1		
TA FATHER'S NAME CHAIM	VINNICK LAST				STEÏNBE	RG
WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SEG WAR OR DATES) 213-74	5500 6			D 2120	19
PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEO	antenogopla	LMI			
PART 2. OTHER SIGNIFICANT CO			MED 200 AUTOPSY?	20b. IF YES, WEI	RE FINDINGS US CAUSES OF DE	EATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. NONTH P.M. 110 PLACE OF INJURY	DAY YEAR 19 211 LOCATION	JRY OCCURRED (ENTERNATURE OF IN	NJURY IN ITEM 18 PART I C	100	STATE
WORK AT WORK		L. PARIN LICY	N/A		21.	
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226 SIGNATURE	rón me	AT	TENDING MEDICAL STAYSICIAN DIRECTOR PHY	TAFF		
22d PHYSICIAN SNAME (TYPE OR	LORY M	C	w Harrial	2 Back	nore	
230 BURIAL, CREMATION, REMOVAL (SPECEY) BURIAL			EMATORY 23d LOCATION OH BALTI	MORE	MARYL	AND
24 FUNERAL DIRECTOR SOL 6010 REISTERSTOWN	LEVINSON & BRO		DEO.	1 1 2 22		lace

DHMH - 16 60M 7/84

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(VRA 15, 4)

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2 0 0 0	250	2.00	larvland	Mary Service	USA		WIDOWE		BALT	IMORE	CITY		
114	200		TY OR TOWN OF DEATH		NAME OF			OR OTHER INSTITUTION	120 USUAL OC	CUPATION IR MOST OF WORKI		D OF BUSINES	
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and bear	6	13	190 DATE OF OPERATION	ATION 196 CON		CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF D			DINGS USED	
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BP			Burial		12-22	-86	Parkwo				Marylan		
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